

# PACMIS Guide



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## Opening a Medicaid Case Electronic Entry in PACMIS

CLIR Screen  
Complete a Client Inquiry.

### Eligibility Workers Menu

CLIR CLIENT INQUIRY/REGISTRATION MENU 06JUN05 13:34

1. INQUIRE ON PERSON
2. SAVE NEW CLIENT FOR REGISTRATION
3. REGISTER APPLICATION WITH EXISTING CASE NUMBER
4. REGISTER APPLICATION WITH NEW CASE NUMBER
5. REGISTER RECERTIFICATION/REVIEW
6. DELETE PREVIOUSLY SAVED PERSONS

SELECT FUNCTION (BY NUMBER): 1  
ENTER ONE OF THE FOLLOWING (FUNCTION 1 AND 2 ONLY):

1. IDENTIFYING CLIENT INFORMATION:  
SURNAME: \_\_\_\_\_ IF PARTIAL, ENTER Y : \_  
GIVEN NAME (OR INITIAL): \_\_\_\_\_ MIDDLE INITIAL: \_  
SSN: \_\_\_\_\_  
BIRTHDATE (DDMMYYYY): \_\_\_\_\_ OR AGE: \_\_\_\_ SEX: \_
2. CLIENT IDENTIFIER: 000000000

ENTER EXISTING CASE NUMBER (FOR FUNCTIONS 3 AND 5): \_\_\_\_\_  
ENTER PRIMARY DEPT/REG/OFF,TEAM, CASELOAD (FOR FUNCTION 4): \_\_\_\_\_

Select Function # 1.

Enter the “Identifying Client Information”. Searches can be performed by name, SSN, or HLCI. If searching by HLCI, no other information needs to be entered.

Search carefully to avoid creating duplicate HLCI’s.

See “*Tips To Avoid Duplicating Clients When Registering Or Adding Clients To Cases*”.

Hit **Enter**.

## Client Profile

CLPR Screen.

END OF PROGRAM INVOLVEMENTS

CLPR CLIENT PROFILE 06JUN05 13:51

NAME/ALIASES CLIENT ID: 3 --SYSTEMS--  
S.S.N.: 000 00 0000 VR: P:O:U:U  
BIRTHDATE: 30OCT1988 A:R:S:U  
SEX: F Y Y Y  
ALERTS:

PDM	CASE	PART	PART	PRIMARY	DEN	GRP
CODE	NUMBER	START	END	STAT	REL	CVR
01 FC	IN	01OCT04	01OCT04	DE SMP	1 03 PI	NC

TO INQUIRE ON A SPECIFIC PGM INVOLVEMENT, ENTER ITS SEQUENCE NUMBER:   
TO INQUIRE ON TIME-LIMITED BENEFITS, ENTER Y:   
TO SAVE THIS CLIENT FOR REGISTRATION, ENTER Y:   
NEXT-->

Name, SSN, DOB, Sex, HLCI  
and previous case information  
will be displayed.

Is this the person you are searching  
for? If "yes", enter a "Y". If "no",  
F9 out and begin your search again.  
**Enter.**

A "Y" in the column indicates this  
person is known to that agency's system.

- ❖ PACMIS (PA).
- ❖ ORS (OR).
- ❖ USSSDS (US)
- ❖ UWorks (UW)

### **\*\*REMEMBER\*\***

If a foster or adoptive child has previously been assigned a  
PACMIS case number, use that same case number for any  
succeeding FC or SA Medicaid eligibility. Write down this case  
number, you will need it on the CLIR screen to register the case.  
If there is not a previous FC or SA case, you will assign a  
new case number.

## Client Inquiry/Registration Menu

Message on the CLIR screen, "Client Saved for Reg".

CLIENT SAVED FOR REG  
CLIR CLIENT INQUIRY/REGISTRATION MENU 06JUN05 13:55

1. INQUIRE ON PERSON  
2. SAVE NEW CLIENT FOR REGISTRATION  
3. REGISTER APPLICATION WITH EXISTING CASE NUMBER  
4. REGISTER APPLICATION WITH NEW CASE NUMBER  
5. REGISTER RECERTIFICATION/REVIEW  
6. DELETE PREVIOUSLY SAVED PERSONS

SELECT FUNCTION (BY NUMBER) \_\_\_\_\_  
ENTER ONE OF THE FOLLOWING (FUNCTION 1 AND 2 ONLY);

1. IDENTIFYING CLIENT INFORMATION:  
SURNAME: \_\_\_\_\_ IF PARTIAL, ENTER Y : \_\_\_\_\_  
GIVEN NAME (OR INITIAL): \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
SSN: \_\_\_\_\_  
BIRTHDATE (DDMMYYYY): \_\_\_\_\_ OR AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

2. CLIENT IDENTIFIER: \_\_\_\_\_

ENTER EXISTING CASE NUMBER (FOR FUNCTIONS 3 AND 5): \_\_\_\_\_  
ENTER PRIMARY DEPT/REG/OFF, TEAM, CASELOAD (FOR FUNCTION 4): \_\_\_\_\_

Attn Clear E EOF E Input PF13 PF14 PF15 PF16 PF17  
PF18 PF19 PF20 PF21 PF22 PF23 PF24 Reset SysRa

Select Function #3, if there is a previous FC or SA case number. Now enter the case number.  
**Enter.**

Select Function #4, if there is no prior FC or SA Medicaid history and a new case number is needed.  
Enter your DRO.

Hit **Enter** after the information is complete.

**Stop!**  
Write down  
the case  
number.

## Register Application

REAP Screen

REAP REGISTER APPLICATION 06JUN05 14:05

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
PRIMARY DEPT/REG/OFF: SMP TEAM: 1 CASELOAD: 03  
DRUG/ALCOHOL REHAB: N  
EXPEDITED F.S.: 1 2 3 4 5 6  
PROGRAMS APPLIED FOR: \_\_\_\_\_  
APP RECEIVED DATE: \_\_\_\_\_  
BEN EFFECTIVE DATE: \_\_\_\_\_  
MEDICAID CATEGORY: \_\_\_\_\_  
MEDICAID COVERAGE GAP: \_\_\_\_\_  
CLIENT NAME \_\_\_\_\_ DOB 30OCT1988 S.S.N \_\_\_\_\_ SEX F REL PI APP POS 01

ADDRESS INFORMATION TO BE ENTERED? : 1

Altfn Clear E EOF E Input PF13 PF14  
PF10 PF19 PF20 PF21 PF22 PF23 PF24 Reset SoftRa

**Medicaid Category.**  
F = IV-E.  
C = Children, NB or NB+.  
D = Disabled.  
B = Blind.

**Programs Applied For.**  
FC = Foster Care.  
SA = Subsidized Adoption.

**Relationship (REL).**  
Enter **PI**.  
**Application Position (APP POS)**  
Enter **01**.

**Application Received Date.**  
Enter the date you received the information.  
**Benefit Effective Date.**  
Enter the date that Medicaid eligibility will begin.

**Enter.**

**Did you  
remember to  
write down  
the case  
number?**

## Address Screen for Foster Care cases

ADDR Screen.

ADDR ADDRESS 06JUN05 14:11

CASE NAME: TELEPHONE: 801 MESSAGE PHONE: CASE NUMBER: MINOR PARENT LIVING ARRANGE: CITY ST ZIP ZIP+4 CO

RESIDENCE : foster home DREM UT 84057 0000 UT

ADDRESS : 1106 N 1200 U SPECIAL HOUSING TYPE: N

MAILING : foster care worker DREM UT 84057 2842

ADDRESS : 1106 N 1200 U

MED BEN : foster home DREM UT 84057 2842

ADDRESS : 1106 N 1200 U

MED PAYEE: MED REPRESENTATIVE:

2ND PARTY : ADDRESS :

----- NATIVE AMERICAN SPECIFIC INFORMATION -----

TRIBAL CODE: LIVING ON RESERVATION (Y/N): N

SEARCH DATE--> ADDR HIST: ABAUD EFF. DATE: NEXT-->

AltFn Clear E EOF E Input PF13 PF14 PF15 PF16 PF17

Enter N in Special  
Housing Type.

### Telephone.

Enter the foster home phone number.

### Residence Address.

Enter the address where the foster child is physically living.

### Mailing Address.

Enter the office mailing address of the foster care caseworker. The review forms will mail here.

### Med Ben Address

Enter the mailing address of the foster home placement. The Medicaid card will mail here.

**Don't forget  
to write  
down the  
case  
number!!**

Enter

## Address Screen for Subsidized Adoption Cases

ADDR Screen.

Enter N in Special  
Housing Type.

ADDR ADDRESS 06JUN05 14:11

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

TELEPHONE: 801 \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_ MINOR PARENT LIVING ARRANGE: \_\_\_\_\_

STREET OR R.R. \_\_\_\_\_ CITY ST ZIP ZIP+4 CO

RESIDENCE : Parent name OREM UT 84057 0000 UT

ADDRESS : 1106 N 1200 U SPECIAL HOUSING TYPE: N

MAILING : Parent name OREM UT 84057 2842

ADDRESS : 1106 N 1200 U

MED BEN : \_\_\_\_\_ 2842

ADDRESS : \_\_\_\_\_

MED PAYEE: \_\_\_\_\_

MED REPRESENTATIVE: \_\_\_\_\_

2ND PARTY : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

----- NATIVE AMERICAN SPECIFIC INFORMATION -----

TRIBAL CODE: \_\_\_\_\_ LIVING ON RESERVATION (Y/N): N

SEARCH DATE--> \_\_\_\_\_ ADDR HIST: \_\_\_\_\_ ABAUD EFF. DATE: \_\_\_\_\_ NEXT--> \_\_\_\_\_

AltFn Clear EEOF E Input PF13 PF14 PF15 PF16 PF17

### Telephone.

Enter the phone number from the SA Medicaid Application.

### Residence Address.

Enter the physical address where the child is living.

### Mailing Address.

Enter the parents' mailing address. The Medicaid Card and reviews will mail here unless different information is entered in the "Med Ben Address" field.

### Med Ben Address.

You will only need to enter an address here if the Medicaid card needs to be mailed to an address other than the one in the "Mailing Address" field. If an address is entered here, the Medicaid Card will mail to this address.

**Have you  
written down  
the case  
number?**

Enter



## Address Cleansing

ADCL Screen.

Case Name and Number will be displayed.

ADCL	ADDRESS CLEANSING	06JUN05 14:16
CASE NAME: ACCEPT	SELECTED	CASE NUM: CLEANSED
RESIDENCE		
Y	MAILING	FOSTER CARE WORKER 1106 N 1200 U DREM UT 84057
Y	FIN-MED	FOSTER HOME 1106 N 1200 U DREM UT 84057
FS BEN		
2ND PARTY		
*** PRESS ENTER TO EXIT THIS SCREEN ***		

Check the displayed addresses to ensure they are accurate.  
Enter a Y in both fields.

### Helpful Hint.

If an address doesn't cleanse you will need to return to the ADDR screen and make corrections as needed.

Enter  
to the  
INDA Screen.

Write down  
the case  
number!

## Interview Data

INDA screen.

The screenshot shows a terminal window titled 'Mainframe Display HSMEP - BlueZone Mainframe Display'. The main display area has a black background with white and green text. At the top left is 'INDA', at the top center is 'INTERVIEW DATA', and at the top right is the date and time '06JUN05 14:18'. Below these are several fields: 'CASE NAME:' and 'CASE NUMBER:' at the top; 'PROGRAMS:' in green, followed by 'FC or SA' in white and circled in green; 'INTERVIEW DATE:' in green; 'RESCHEDULED:' in green; and 'COMPLETED:' in green. Below these is a line with 'Y' entered. At the bottom right is 'NEXT-->'. The bottom of the screen shows a row of function keys: 'Attn', 'Clear', 'E EOF', 'E Input', 'PF13', 'PF14', 'PF15', 'PF16', and 'PF17'. A toolbar with various icons is at the very top.

Case Name and  
Number will be  
displayed.

FC or SA Program  
Category displayed.

Enter the interview date.  
Must be within 30 days of  
the application received date

Enter Y.

**Last Chance!**  
**Write**  
**down the**  
**Case Number!**

**F9**  
**to the**  
**INME**  
**Screen.**

The case will now show in "RE" (Received)  
Status on the CAP2 Screen.

INME Screen.

## Inquiry Menu

INME INQUIRY MENU 01MAR05 10:57

1. PRIOR CONTACT CHECK	12. CHILD CARE BENEFIT HISTORY
2. CASE PROFILE	13. ACTION HISTORY
3. HOUSEHOLD SUMMARY	14. CHILD SUPPORT SUMMARY
4. FINANCIAL ISSUANCE HISTORY	15. NOTICE HISTORY
5. FOOD STAMP ISSUANCE HISTORY	16. WORKER NOTICE HISTORY
6. CHILD CARE ISSUANCE HISTORY	17. INTERFACE INQUIRY
7. SPECIAL PMTS ISSUANCE HISTORY	18. BUY-IN INQUIRY
8. MED EXCESS PAYMENT HISTORY	19. NEW HIRES REGISTRY INQUIRY
9. FINANCIAL BENEFIT HISTORY	20. REVIEW MENU
10. FOOD STAMP BENEFIT HISTORY	21. STATE ONLINE QUERY SYSTEM
11. MEDICAL BENEFIT HISTORY	22. TIME-LIMITED BENEFITS INQUIRY

ENTER FUNCTION (BY NUMBER):

CASE NUMBER (FOR 2-16):

BUDGETING METHOD (FOR 3 ONLY):

CLIENT SSN (FOR 17,18,19,21):

BENEFIT MONTH:

NEXT-- **SEPA**

Enter the case number for the case you just registered.

Type **SEPA** at the NEXT prompt.

Benefit month will be the month of the benefit effective date. If you have just F9'd to this screen from the case INDA screen for the correct benefit month will be displayed.

Enter to the SEPA screen.

## Set Up Participation

SEPA Screen.

CASE NAME:	PGM	CAT/	START	INELG	INELG	PGM	CAT/	START	INELG	INELG			
NAME	REL	SUB	COV	PART	DAY	RSN	DATE	SUB	COV	PART	DAY	RSN	DATE
01 JENNI K	PI	FC	E	IN	1								

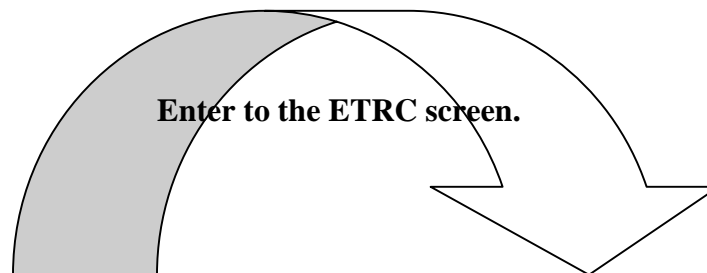
Categories are "F", "C", "D" or "B".

Type IN in the PART field.

Benefit Month Displayed

SPECIAL PROJECT INDICATOR-->  
HH TAX DEP: MORE PROGRAMS: MORE CLIENTS: NEXT-->

AltFn Clear E EOF E Input PF13 PF14 PF15 PF16 PF17



## Ethnicity/Residency/Citizenship/Identity/School

ETRC screen.

Case name and number will be displayed.

More than one entry for Race/Group is allowed.

Use the current school information.

ETRC ETHNIC / RESIDENCY / CITIZENSHIP / IDENTITY / SCHOOL 06JUN05 14:23

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_ MONTH JUN05

ID: \_ VR: \_ HH LANGUAGE CODE: EN TPL: Y DATE: 01jun05

NAME	REL	ETH	--RACE	GROUP--	CIT	VR	RES	VR	SCH	FS	OTH	BUS	CAAL
									CODE	ST	EX	VR	INS
01 J	K	PI	N	WH					AG	elp	ft		cs

MORE CLIENT: \_ NEXT-->

### Citizenship/Residency and Verification Type.

AG is not for worker use.

See the PACMIS Quick Reference, Section 5, page 10 for a list of verification codes.

Review the TPL information on the application. Enter **Y** and the **Date** the TPL information was obtained.

Does the foster child have other health insurance available?  
**Y or N.**  
Enter that information on the CAAL screen.

### Helpful Hint.

If a child has previously been open on another PACMIS case the information from that case will display on your case ETRC screen.

Review the information for accuracy and make any changes that are necessary.

If the child has never been open on a PACMIS case, you will need to enter this information.

The PACMIS Quick Reference has a list of codes for PACMIS screens

Enter  
to  
SSDO  
Screen.

## SSN/ DOB/ Sex

SSDO Screen.

The screenshot displays the SSDO (Social Security Display) screen. At the top, it shows 'SSDO' and 'SSN / DATE OF BIRTH / SEX'. The patient's name is 'TAMERA U' and the date of birth is '06JUN05'. The case name is 'BENMO: JUN05'. The main data table is as follows:

NAME	REL	SSN	SS5	DATE	VR	DOB	VR	S	P	A	F	BM	C	U	CAAL
01 J	K	PI	111 11 1111		hc	30OCT1988	hc	E	X	G	F	S	D	M	I

Arrows point from the 'REL' field (PI), 'SSN' field (111 11 1111), 'DOB' field (30OCT1988), and 'BM' field (D) to a callout box. The callout box contains the text: 'When using B or D categories a Y must be entered in the BM/DM field.'

When using **B** or **D** categories a **Y** must be entered in the **BM/DM** field.

Make sure the correct SSN and DOB are entered correctly or displayed with correct verification codes.

**Pregnant**  
Need to open PN  
for the baby a  
“P” must be  
entered in the  
“PG” field

For a **Foster Child** with no SSN, enter the date the SSN was applied for in the date field.

For an adoptive child move the SSN from the FC case to the SA case. If you are unable to move the SSN, contact Linda Moon or Linda O'Brien.

~~Enter to the MASD screen.~~

## Marital Status/ Deprivation/Cooperation

MASD Screen.

The screenshot shows the MASD screen with the following data:

CASE NAME:		MARITAL STATUS \DEPRIVATION \COOPERATION				CASE NUMBER:		06JUN05 14:33	
								TAMERA W	
								MONTH: JUN05	
NAME	REL	MAR STA	DEP RSN	VR	CO OP	VR	REASON CLAIM	BASIS FOR DETERMINATION	CARL DATE
01 J K	PI	NM	DS	CS	CO	CS	—	—	—

IMMUNIZATION: —

MORE CLIENTS: — NEXT-->

**Cooperation.**  
CO for Foster Child.  
CO for Adoptive Child.

**Marital Status.**  
NM for Foster Child.  
NM for Adoptive Child.

**Deprivation Reason.**  
DS for Foster Child  
ND for Adoptive Child  
\*Refer to PACMIS Quick Reference for other applicable deprivation codes.

Enter to PRAW Screen.

## Previous Aid/ Work Incentives

**PRAU PREVIOUS AID/WORK INCENTIVES 06JUN05 14:34**

**CASE NAME:** ... **CASE NUMBER:** .....

**BENEFIT MONTH:** JUN05

NAME	REL	MMYY	ST	MMYY	ST	USD	START	MOS	MOS	MO	EXT	T	MOS	T	MOS	T	DATE
01 J	K PI							0	0	0	0		0		0		

**MORE CLIENTS:** \_ **NEXT-->** \_

### No entry required.

If a foster child has information posted here from a parents' case, leave the information on the screen.

This screen is not available for SA Cases.

Enter to the FIAC Screen.



## Financial Accounts

FIAC Screen.

[illegible]

DCFS Representative Payee Account information  
should be entered here.  
Savings or Checking Account information should also  
be entered.  
An Account Number is not required.

This screen is not available for SA Cases. There is no  
asset test for SA Medicaid Program.

**Enter to the VEH Screen.**

## Vehicle

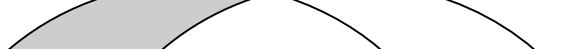
VEHI Screen.

[illegible]

### Vehicle Information.

Enter the vehicle information. PACMIS will calculate the \$1500 deduction from the market value.

This screen is not available for SA Cases.



**Enter to the OTAS Screen.**

## Other Assets

OTAS Screen.

[illegible]

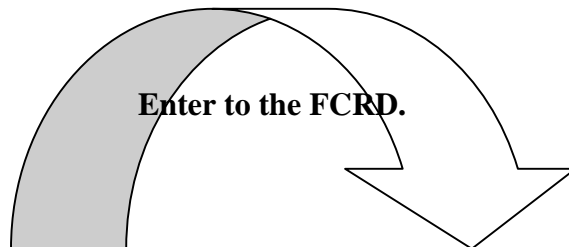
### Other Assets.

This includes campers, life insurance, livestock, property, tools and other personal property.

Enter all applicable information.

The **PACMIS Quick Reference** has a list of asset codes.  
Most foster children will not have this type of asset.

This screen is not available for SA Cases.



## Medicaid Resource Determination

Foster Care Resource  
Determination Screen

FCRD MEDICAID RESOURCE DETERMINATION 06JUN05 14:38

CASE NAME: CASE NUMBER: MONTH: JUN05

BMS SIZE: 1

VEHICLES	VALUE	QUED	EXEMPT	NON-EXEMPT	VEHICLE USE	SPONSOR OWNED
----------	-------	------	--------	------------	-------------	---------------

HOUSEHOLD ASSETS	EXEMPT	NON-EXEMPT	SPONSOR ASSETS	EXEMPT	NON-EXEMPT
FINANCIAL ACCTS	0.00	0.00	FINANCIAL ACCTS	0.00	0.00
OTHER ASSETS	0.00	0.00	OTHER ASSETS	0.00	0.00
			SPONSOR DEDUCT	0.00	0.00

CS RESOURCE ALLOWANCE 0.00

BURIAL/FUNERAL FUND EXEMPT 0.00

TOTAL NON-EXEMPT RESOURCES 0.00

CASE HAS PASSED THE RESOURCE DETERMINATION TEST

NEXT-->

If the Foster Care Case has passed the asset test a message at the bottom of this screen will read:

**“Case Has Passed the Resource Determination Test”**

This screen is not applicable to SA Cases.

Enter to the UNIE screen.

## Unearned Income-Education

UNIE Screen.

NAME	PRO PER	S TYP	T LS	GROSS AMOUNT	VR	CAAL DATE	S NC	TYP T LS	GROSS AMOUNT	VR	CAAL DATE
01 J K	00										

### Unearned Income-Education.

Scholarship, grant and student loan information for the Foster Child will be posted here.

See [PACMIS Quick Reference](#) for list of the codes.

If none, then enter through the screen.

This Screen is not available for SA cases.

Enter to  
UNEE  
Screen

## Unearned Expenses-Education

UNEE Screen.

UNEE UNEARNEDED EXPENSES - EDUCATION PROSPECTIVE 06JUN05 14:41

CASE NAME: CASE NUMBER: MONTH: JUN05

NAME	REL	TY	SUB	AMOUNT	VR	CAAL	DATE	MONTH
01 J	K	PI						

MORE EXPENSES: MORE CLIENTS: RETROSPECTIVE: NEXT-->

### Unearned Expenses-Education

Books, childcare, transportation, tuition and educational fees for the Foster Child will be posted on this screen.

See the **PACMIS Quick Reference** for a list of necessary codes.

If none, enter through this screen.

This screen is not available for SA cases.

Enter to  
UNIN  
Screen.

## Unearned Income

UNIN Screen.

UNIN

UNEARNED INCOME PROSPECTIVE

06JUN05 14:42

CASE NAME:	REL S	SUB L	MONTHLY AMOUNT	CASE NUMBER:	ABD	U	CHP\PC	MONTH:	CARL
NAME		TYP TYP S			AMOUNT	S	AMT	VR	DATE
01 J	PI	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-

**SSA and SSI Income for the Foster and Adoptive Child is entered on this screen.**

MORE INCOME: MORE CLIENTS: RETROSPECTIVE: NEXT-->

Altfn Clear E EOF E Input PF13 PF14 PF15 PF16 PF17

### ILP.

Independent Living Payments made to the Foster Child are countable unearned income and should be posted on this screen. Use the “FC” code as the income type.

Enter to the EAIN Screen.

## Earned Income

**EAIN Screen.**

BlueZone Mainframe Display

Macro: Script: Help

Connections: Mainframe Display HSMFP

AltFn PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07

**EAIN** **EARNED INCOME PROSPECTIVE** 06JUN05 14:43

CASE NAME: CASE NUMBER: MONTH: JUN05

NAME	RELN	S	U	T	SUB	MONTHLY AMOUNT	MONTHLY HOURS	ADD AMOUNT	U	CHP\PC	CAAL	DATE
		C			P				S	AMT	VR	
01 J	K PI											
						TOTAL:						
						TOTAL:						
						TOTAL:						

MORE INCOME: MORE CLIENTS: RETROSPECTIVE: NEXT-->

AltFn Clear E EOF E Input PF13 PF14 PF15 PF16 PF17

Post all **Earned Income** that is received by the Foster Child. If a Foster Child is a full time student use the earned income type **DC** with the subtype **FI**. PACMIS will exclude the income.

If the foster child is no longer a full time student, their earned income is countable and must be included on the PACMIS screens. In most cases the earned income type will be **WA**. PACMIS will calculate the available deductions for earned income.

Most often the foster child has no earned income and you will enter through the screen.

This screen is not available for SA cases.

The PACMIS Quick Reference has a complete list of earned income codes.

If earned income is posted for the child the EMIN screen requesting the employer information will follow the EAIN screen. See the NB+ PACMIS procedure for a guide to this screen.

**Enter to the SEEI Screen.**



## Self-Employment Income

SEEI Screen.

SEEI SELF EMPLOYMENT INCOME PROSPECTIVE 06JUN05 14:44

CASE NAME: SANCTION U SUB CASE NUMBER: MONTH: JUN05

NAME REL CODE S TYPE LS AMOUNT HOURS S CHP\PC AMT VR DATE

01 J K PI

MORE INCOME: MORE CLIENTS: RETROSPECTIVE: NEXT-->

If the Foster Child has **Self-Employment Income** that information will be posted here. Most often the foster child does not have this type of income and you will enter through the screen.

This screen not available for SA cases.

Enter to the DEID Screen.

## Deemed Income Deductions

DEID Screen.

DEID DEEMED INCOME DEDUCTIONS PROSPECTIVE 06JUN05 14:56

CASE NAME: 01 J K PI CASE NUMBER: MONTH: JUN05

NAME	RL	PT	DEP	SF	CO	U	MONTHLY AMOUNT	ABD AMOUNT	CAAL VR	DATE
01 J	K	PI					MONTHLY PMT OU OF HM			
							CH SUPP/ALIMONY			

MORE CLIENTS: RETROSPECTIVE: NEXT-->

If the foster child has **Self-employment income** that information will be posted here.  
Most often the Foster Child does not have this type of income and you will enter through the screen.

This screen is not available for SA cases.

Enter to the MEEL Screen.

## Medical Expense Log

MEEL Screen.

MEEL MEDICAL EXPENSE LOG 06JUN05 14:56  
LISTS ALL EXPENSES ENTERED

CASE NAME: CASE NUMBER:  
BENEFIT MONTH: JUN05

POS	CLIENT	BEG DAT	END DAT	OU	MD	ST	PAID	TOTAL	CLIENT	TYP
APP	NAME	SERVICE	SERVICE	HM	CV	CV	DATE	EXPENSE	OBLIGAT	SRV

SELECT FOR EDIT : (ENTER 99 FOR NEW EXPENSE)

POS: BEG DAT: NEXT-->

Altfn Clear E EOF E Input PF13 PF14 PF15 PF16 PF17

This screen is used to post **Medical Expenses** that are being used to meet or reduce a Spenddown. Most often a foster Child will not be using medical expenses. If you have a case where you think they may apply contact the State Specialist. When medical expenses do not apply enter through this screen. Other screens applicable to medical expenses are the MEEI and MEES screens

For Subsidized Adoption cases **Medical Expenses** do not apply. There is no income test for SA Cases.

Enter to the EXPE Screen.

## Household Summary-Foster Care Case

HOSU Screen 1 of 1.

Benefit Month.

play HSMFP - BlueZone Mainframe Display

Transfer View Macro Script Help

Connections: Mainframe Display HSMFP

AltFn PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07

HOSU HOUSEHOLD SUMMARY - PAGE 1 OF 1 06JUN05 14:57

PROSPECTIVE

CASE NAME: ! CASE NUMBER: MONTH: JUN05

TELEPHONE: 801- MESSAGE PHONE: RESTAURANT MEALS:

RESIDENCE: FOSTER HOME OREM UT 84057

1106 N 1200 U.

MAILING ADDRESS: FOSTER CARE WORKER OREM UT 84057 2842

1106 N 1200 U

HOUSEHOLD MEMBERS SSN REL DOB AGE COD DEP RQ MOS MD EX MO MOS

K J 000 00 0000 PI 30OCT1988 16 ALP DS 0 0 0 0 0

PF3 TO GO TO PAGE 1 PF7 TO PAGE BACKWARD NEXT-->

AltFn Over E EOF E Input PF13 PF14 PF15 PF16 PF17

The Foster Child's name, SSN and DOB. The Foster Child is usually the only member of the household for FC cases. If the Foster Child has a child or children living with them the HOSU screen will display those members of the household also.

For SA Cases the name of the child, SSN and DOB. The Adoptive Child is the only member of the household for an SA case.

Address where the child is residing.

The address that the Medicaid card will mail to.

The **Household Summary** can be multiple screens and will contain any income and asset information for that case during that month.

Enter to the  
FCMA, FCEX  
or SAMA  
Screens

## Foster Care Medicaid Authorization FCMA for IV-E Cases, F Category

FCMA Screen.

The screenshot shows a terminal window titled "BlueZone Mainframe Display" with a menu bar (File, View, Macro, Script, Help) and a toolbar. The main display area has a black background with white and green text. At the top, it says "FCMA" and "FOSTER CARE MEDICAID AUTHORIZATION" followed by the date and time "06JUN05 14:58". Below this, it prompts for "CASE NAME:" and "CASE NUMBER:". The "MONTH:" field is set to "JUN05". The "BENEFIT AUTHORIZATION:" section contains several fields: "ISSUANCE INDICATOR:" with values "DA" and "IN" (the latter is highlighted in green), "ISSUANCE REASON:" with value "jun06", "REVIEW DUE DATE:", "HOLD REMINDER DATE:", "HOLD REASON:", "PAYEE SETUP REQ?:" with value "N", and "BUS PASS:" with value "N". A green box highlights the "IN" value with the text "Eligibility Worker PIN entered here". A callout box points to the "IN" value with the text "Issuance Indicator.". Another callout box points to the "JUN05" value with the text "Benefit Month.". At the bottom of the screen, it says "IS ELIGIBLE - NO MEDICAL EXCESS" and "NEXT-->". Below the screen, there are several callout boxes: one pointing to the "jun06" value with the text "You must enter the review month in the first month's authorization screen. IV-E and Medicaid eligibility must be reviewed at least every 12 months.", one pointing to the "BUS PASS:" field with the text "If you need a bus pass for the foster child, enter Y here.", and one pointing to the "IN" value with the text "Enter your assigned PIN to authorize the Medicaid Benefit.". A large curved arrow at the bottom points from the "NEXT-->" field to the text "Enter to the MEES Screen."

FCMA FOSTER CARE MEDICAID AUTHORIZATION 06JUN05 14:58

CASE NAME: CASE NUMBER: MONTH: JUN05

BENEFIT AUTHORIZATION: Eligibility Worker PIN entered here

ISSUANCE INDICATOR: DA IN

ISSUANCE REASON: jun06

REVIEW DUE DATE:

HOLD REMINDER DATE:

HOLD REASON:

PAYEE SETUP REQ?: N

BUS PASS: N

IS ELIGIBLE - NO MEDICAL EXCESS NEXT-->

You must enter the review month in the first month's authorization screen. IV-E and Medicaid eligibility must be reviewed at least every 12 months.

If you need a bus pass for the foster child, enter Y here.

Enter your assigned PIN to authorize the Medicaid Benefit.

Enter to the MEES Screen.

## Medicaid Excess Determination FCEX for C, D & B Categories

FCEX Screen.

FCEX (FCR) MEDICAID EXCESS DETERMINATION 29JUL05 13:26

CASE NAME: BMS SIZE: 01 CASE NUMBER: MONTH JUN05

EMPLOYMENT INCOME	: 0.00	EDUCATION INCOME	: 0.00
SELF-EMPLOYMENT INCOME	: 0.00	DEEMED INCOME	: 0.00
TOTAL EARNED	: 0.00	OTHER UNEARNED INCOME	: 0.00
		TOTAL UNEARNED	: 0.00
WORK ALLOWANCE	: 0.00	NET INCOME	: 0.00
30 + 1/3 DISREGARD	: 0.00	OTHER INCOME DEDUCTION	: 0.00
\$30 DISREGARD	: 0.00	COUNTABLE INCOME	: 0.00
DEP. CARE DEDUCTION	: 0.00	POVERTY LEVEL	: 798.00
TOTAL DEDUCTIONS	: 0.00	MEDICAL EXCESS	: 0.00
		AVAILABLE EXPENSES	: 0.00
		SELECTED EXPENSES	: 0.00
		CASH/USED EXPENSES	: 0.00
		AMOUNT OWED (MEES)	: 0.00

BENEFIT AUTHORIZATION : Eligibility Workers PIN : Number entered here

ISSUANCE REASON: RE ISSUANCE INDICATOR: P

REVIEW DUE DATE: AUG06

HOLD REMINDER DATE:

HOLD REASON:

CORRECTION - IS ELIGIBLE, NO CHANGE IN MEDICAL EXCESS.

BUS PASS: N

PAYEE SETUP REQ: N

NEXT-->

You must enter the review month in the first month's authorization screen.

IV-E and Medicaid Eligibility must be reviewed at least every 12 months.

If you need a bus pass for the Foster Child, enter Y here.

Enter your assigned PIN to authorize the Medicaid Benefit.

Enter to the MEES Screen.

## Subsidized Adoption Medicaid Authorization

SAMA Screen.

SAMA SUBSIDIZED ADOPTION MEDICAID AUTHORIZATION 29JUL05 13:39

CASE NAME: CASE NUMBER: MONTH: JUN05

BENEFIT AUTHORIZATION: Eligibility Worker PIN number entered here

ISSUANCE INDICATOR: RE

ISSUANCE REASON: RE JAN06

REVIEW DUE DATE:

HOLD REMINDER DATE:

HOLD REASON:

PAYEE SETUP REQ?: N

BUS PASS: N

CORRECTION - IS ELIGIBLE, NO CHANGE IN MEDICAL EXCESS. NEXT-->

51 Ready (1) 204.113.16.53 TA2948 13:46:31 Fri Jul 29 NUM 00:21:52 24.076

Issuance Indicator.

Benefit Month.

You must enter the review month in the first month's authorization screen. IV-E and Medicaid Eligibility must be reviewed at least every 12 months.

If you need a bus pass for the child, enter **Y** here.

Enter your assigned PIN to authorize the Medicaid Benefit.

Enter to the MEES Screen.

## Medical Expense Selection

MEES Screen.

INFO + NO MEDICAL EXCESS DUE FOR THIS CASE  
MEES MEDICAL EXPENSE SELECTION 06JUN05 15:04  
EXPENSES SELECTED/USED TOWARD SPENDDOWN

CASE NAME: CASE NUMBER:  
BENEFIT MONTH: JUN05

PG	MEDICAL	DEDUCTIONS	INCURRED	AMOUNT	CASH	REMAINING
TP	EXCESS	SELECTED/	USED	SELECTED/	USED	PAYMENT DATE MET

PS CLNT BEG DAT END DAT O M S P TOTAL CLIENT AVAIL I USE USE USE  
AP NAME SERVICE SERVICE H C C D EXPENSE OBLIGAT AMOUNT D ORD AMOUNT TYP

>>> END OF EXPENSE LIST <<<  
PAGE CODE: (TOP OF LIST=T, NEXT PAGE=N, PREV PAGE=P) USE ONLY EXP SEL:  
AUTH PCN: MORE PRG: NEXT-->

A display of Medical Expenses used to calculate  
the Spenddown.  
No entry allowed.

Enter to the NORE Screen.



## Notice Request

NORE Screen.

SMFP - BlueZone Mainframe Display

View Macro Script Help

Connections: Mainframe Display HSMFP

Altin PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07

NORE NOTICE REQUEST 06JUN05 15:04

CASE NAME: CASE NUMBER:

CHNG(C) NOTICE BENEFIT

DEL(D) TYPE MONTH PGM URKR SITUATION

MMFE JUN05 FC HSTJU CASE IS ELIGIBLE FOR MEDICAL ASSISTANCE

ded.

MMFE: IV-E FC

MMFC: Non IV-E FC

MMSA: IV-E SA

MMSS: Non IV-E SA

MCEC: Closure/No eligible child

MCXS: Closure/ eligible for another program

MCZZ: Closure miscellaneous reason

OTHERS:

MORE SITUATIONS: N NEXT-->

Altin Clear E EOF E Input PF13 PF14 PF15 PF16 PF17

Enter Notice type.

After notice has been completed and sent, **do not** delete the notice. It will mail and then move to the NOHS screen.

After notice has been deleted enter CAP2 at the NEXT prompt and print that screen.

Enter to NOTI Screen.

## Notice

### NOTI Screen

SMFP - BlueZone Mainframe Display

View Macro Script Help

Connections: Mainframe Display HSMFP

AltFn PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07

NOTI NOTICE 06JUN05 15:13

CASE NAME: MMAILING : FOSTER CARE WORKER OREM CASE NUMBER: UT 84057 NOTICE: MMFE  
ADDRESS : 1106 N 1200 W  
TITLE : MEDICAL APPROVED FOSTER CARE IV-E

YOUR APPLICATION FOR FOSTER CARE MEDICAL ASSISTANCE DATED JUNE 01, 2005 WAS APPROVED ON

YOUR ELIGIBILITY IS BASED ON THE FACT THAT YOU NEED THE FOLLOWING TITLE IV-E ELIGIBILITY REQUIREMENTS.

A. YOU HAVE BEEN PLACED THROUGH THE DIVISION OF FAMILY SERVICES IN A LICENSED PLACEMENT.  
B. A COURT ORDER EXISTS THAT MEETS TITLE IV-E REQUIREMENTS.  
%% YOU WERE REMOVED FROM A HOUSEHOLD RECEIVING AFDC CASH ASSISTANCE.  
%% YOU WERE REMOVED FROM A HOUSEHOLD ELIGIBLE FOR, BUT NOT RECEIVING AFDC.  
%% YOU WERE REMOVED FROM A SPECIFIED RELATIVES HOME.

SCREEN 1 OF 3 ALERT? (Y): \_ MAIL? (Y): \_ SENDING DRD: SMP TM: 1 CSLD: 03

AltFn Clear E EOF E Input PF13 PF14 PF15 PF16 PF17

Comments must be entered in the %%% fields.

S1 - hs - Mainframe Display HSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

Connections: Mainframe Display HSMFP

AltFn PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07

NOTI NOTICE 06JUN05 15:14

CASE NAME: MMAILING : FOSTER CARE WORKER OREM CASE NUMBER: UT 84057 NOTICE: MMFE  
ADDRESS : 1106 N 1200 W  
TITLE : MEDICAL APPROVED FOSTER CARE IV-E

YOUR MEDICAL COVERAGE BEGAN ON JUNE 01, 2005. YOU WILL RECEIVE A MEDICAL CARD IN THE MAIL. YOUR NAME AND I.D. NUMBER WILL BE PRINTED ON THE MEDICAL CARD. YOU MUST SHOW THIS CARD TO THE DOCTOR, PHARMACY, OR HOSPITAL TO GET MEDICAL COVERAGE.

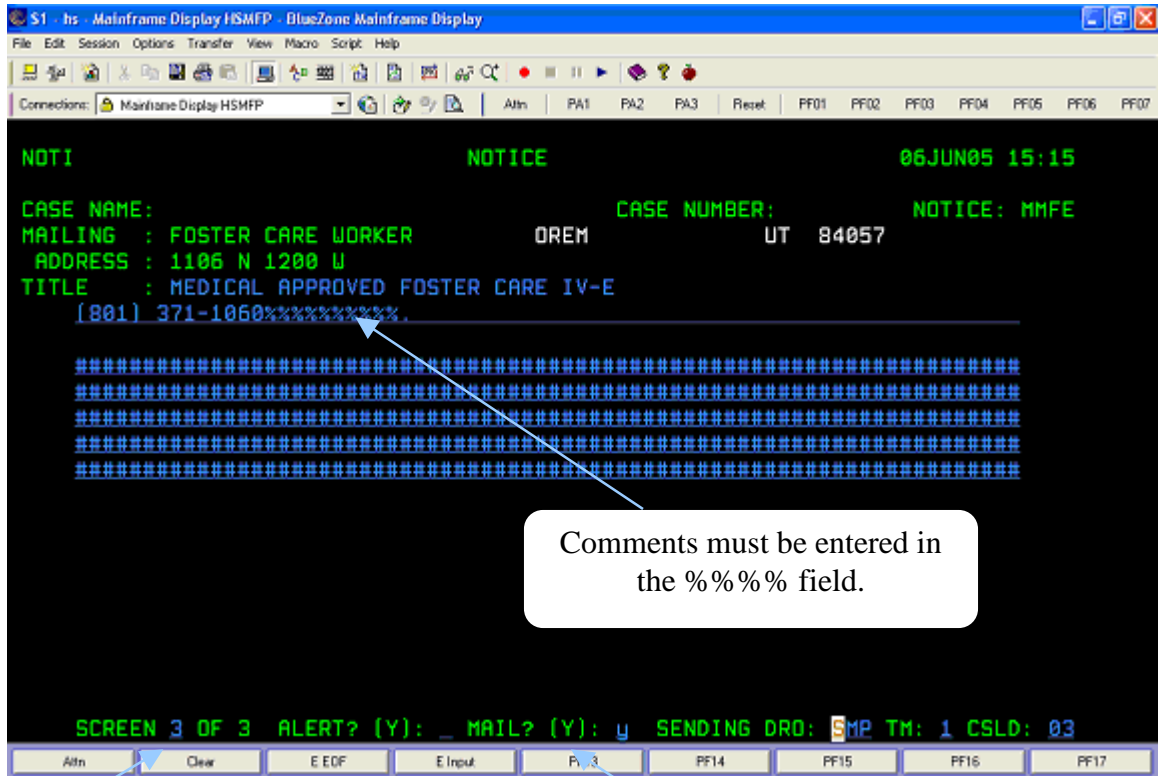
YOUNG CHILDREN AND PREGNANT WOMEN MAY BE ELIGIBLE FOR SUPPLEMENTAL FOOD FROM THE WIC PROGRAM. FOR ADDITIONAL INFORMATION CALL 1-800-662-3638 OR CONTACT YOUR LOCAL HEALTH DEPARTMENT.

YOUNG CHILDREN MAY QUALIFY FOR CHECK SERVICES. CHEC IS A PREVENTIVE HEALTH PROGRAM FOR CHILDREN UNDER AGE 21. FOR MORE INFORMATION CONTACT YOUR LOCAL HEALTH DEPARTMENT OR YOUR LOCAL OFFICE OF FAMILY SUPPORT.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT US AT

SCREEN 2 OF 3 ALERT? (Y): \_ MAIL? (Y): \_ SENDING DRD: SMP TM: 1 CSLD: 03

AltFn Clear E EOF E Input PF13 PF14 PF15 PF16 PF17



**Notices** are multiple screens. To move to the next page enter the screen number.

To mail the notice enter **Y**  
and hit enter.

**After sending and deleting the notice, enter CAP2 at the NEXT prompt on the NORE screen.**

## Case Profile-Page 2

CAP2 Screen.

**CAP2** **CASE PROFILE - PAGE 2** **06JUN05 15:17**

**CASE NAME:** **CASE NUMBER:** **MONTH: JUN05**

PROGRAM	CVG	PRG	HH	BENEFIT	APP	PROG	STATUS	CL	REV	CUR
TYP/SUB	CAT	GRP	ALT	SZ	EFF DAT	RECEIVE	STATUS	DATE	DE	DUE
FC	F				01JUN05	01JUN05	OPEN		06JUN05	JUN06

CLIENT	CLIENT ID	C	DOB	PER	PROGRAM	TYPE
NAME	SSN	K	AGE	REL SEX	ALT	FC
K J	999999999	3	30OCT1988	PI F	IN	
	000-00-0000		016			

**VIEW PRIOR MONTH CLIENT INFO (MMYY):** **NEXT-->**

Altfn Clear E EOF E Input PF13 PF14 PF15 PF16 PF17

**Print the CAP2 Screen and include it in  
the Eligibility File.**

**The case is now open and the  
Medicaid Benefit has been  
authorized for the first month.  
Now let's authorize the  
following month.  
Type APEM at the NEXT  
prompt.  
ENTER**

## Application Entry Menu

APEM Screen.

APPLICATION ENTRY MENU 06JUN05 15:03

1. APPLICATION ENTRY SEQUENCE
2. RESOURCES/INCOME ENTRY
3. INCOME ENTRY
4. COPY DETAILS FOR NEW MONTH
5. DELETE MONTH
6. DRS CASE REFERRAL

ENTER FUNCTION (BY NUMBER): 4

CASE NUMBER (FOR 1 - 5): 111111

BENEFIT MONTH (FOR 1 - 5): jul05

BUDGETING METHOD (FOR 1 - 3): P

NEXT-->

To “**Roll**” the Medicaid benefit  
into the next month:

1. Enter Function # 4.
2. Enter Case Number.
3. Hit **ENTER**.

A message stating, “**Month for Program Initialized**”, will appear at the top of the APEM screen.

If you attempt to “roll” benefits into a month when it is not necessary an error message stating, “**Benefit Month too Far in Past**”, will appear at the top of the APEM screen.

## Application Entry Menu

APEM Screen.

Month for Program Initialized  
APPLICATION ENTRY MENU  
06JUN05 15:03

1. APPLICATION ENTRY SEQUENCE  
2. RESOURCES/INCOME ENTRY  
3. INCOME ENTRY  
4. COPY DETAILS FOR NEW MONTH  
5. DELETE MONTH  
6. ORS CASE REFERRAL

ENTER FUNCTION (BY NUMBER): \_

CASE NUMBER (FOR 1 - 6): 1111111  
BENEFIT MONTH (FOR 1 - 6): jul05  
BUDGETING METHOD (FOR 1 - 3): P

NEXT-->

After the benefit has been initialized, type SEPA at the NEXT prompt and enter through the case screens for the month. Make any changes that are needed.

Follow the above procedures and authorize all the months by entering your **PIN** until the “**Issuance Indicator**” on the FCMA, FCEX, or SAMA screen shows as **MO**.  
(See previous pages for specific screen information)

If you are certain that all the information in the month is accurate and no changes are needed, you may proceed to initialize each month and then authorize is month as follows:

1. For IV-E FC, type FCMA at the NEXT prompt and authorize the case by entering your **PIN**.
2. For C, B or D FC cases, type FCEX at the NEXT prompt and authorize the case by entering your **PIN**.
3. For SA cases, type SAMA at the NEXT prompt and authorize the case by entering your **PIN**.

Follow the above procedure for all months until the “**Issuance Indicator**” shows as **MO**.

Time for casework notes.  
Type CAAL at the NEXT prompt and ENTER to the CAAL screen

## Case Action Log

CAAL Screen.

SMFP - BlueZone Mainframe Display

View Macro Script Help

Connections: Mainframe Display HSMFP

AltFn PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07

INFO \* END OF RECORDS TO DISPLAY

CAAL CASE ACTION LOG WORKER: 06JUN05 15:20

CASE NUMBER: CASE NAME:

ACTION DATE WORKER NAME DEPT/REG/OFF

10NOV04

\*\*\*VOLUNTARY CUSTODY\*\*\*

DCF's RECEIVED CUSTODY OF JENNIFER KRUM BY A VOLUNTARY AGREEMENT ON

Type "A" to add a log.

Type "R" to read a log.

SEARCH DATE NEXT

AltFn Clear E EOF E Input PF13 PF14 PF15 PF16 PF17

## Case Action Update/ Display

CAAU Screen.

display WSMFP - BlueZone Mainframe Display

Transfer View Macro Script Help

CAAU CASE ACTION UPDATE/DISPLAY 29JUL05 15:43

(ADD)

CASE NAME: CASE NUMBER: REGION: WORKER: CREATION DATE: 29JUL05

PAGE 1 OF 3

Eligibility information for the case is typed on this screen. See "Documentation Section" for examples of case logs.

ACTION CODE: PAGE=P, ADD RECORD=A NEXT-->

ST Ready (T) 204.113.16.53 TA2948 15:44:33 Fri Jul 29 NUM 854 07,005

Type A to add a record. A log can be altered on the same day. Type U to update a log. **Enter.**

Now to the alert screen, type EWAL at the NEXT prompt.

## EW Alerts

EWAL Screen.

SMFP - BlueZone Mainframe Display

View Macro Script Help

Connections: Mainframe Display HSMFP

AltFn PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07

\* INFO \* ENTER NEW ALERTS OR PRESS {PF9} TO RETURN TO MENU

EUAL EU ALERTS 06JUN05 15:17

CASE NAME: CASE NUMBER:

PRI DRO: SMP TEAM: 1 CASELOAD: -

CC DRO: TEAM: CASELOAD: -

MED DRO: TEAM: CASELOAD: -

EMP DRO: TEAM: CASELOAD: -

E&T DRO: TEAM: CASELOAD: -

NOTICE NUMBER	MESSAGE	DUE DATE	SENDER PCN	- ACTIVE WORKERS - PRI CC MED EMP E&T
	REVIEW DUE	01Jun06		Y

CONTINUE (Y OR N)--> Y NEXT-->

AltFn Clear E EDF E Input PF13 PF14 PF15 PF16 PF17

You may set yourself **Alerts** on this screen as desired. Type a message that identifies the alert, a due date and a “Y” in the **PRI** field. To clear an alert, type a “D” in the **PRI** field.

You're finished with  
the electronic PACMIS  
entry for a new FC or  
SA Medicaid case!



## Completing the Electronic Review Entry in PACMIS

INME Screen.

INME INQUIRY MENU 04AUG05 10:59

1. PRIOR CONTACT CHECK	12. CHILD CARE BENEFIT HISTORY
2. CASE PROFILE	13. ACTION HISTORY
3. HOUSEHOLD SUMMARY	14. CHILD SUPPORT SUMMARY
4. FINANCIAL ISSUANCE HISTORY	15. NOTICE HISTORY
<b>5. FOOD STAMP ISSUANCE HISTORY</b>	16. WORKER NOTICE HISTORY
6. CHILD CARE ISSUANCE HISTORY	17. INTERFACE INQUIRY
7. SPECIAL PMTS ISSUANCE HISTORY	18. BUY-IN INQUIRY
8. MED EXCESS PAYMENT HISTORY	19. NEW HIRES REGISTRY INQUIRY
9. FINANCIAL BENEFIT HISTORY	20. REVIEW MENU
10. FOOD STAMP BENEFIT HISTORY	21. STATE ONLINE QUERY SYSTEM
11. MEDICAL BENEFIT HISTORY	22. TIME-LIMITED BENEFITS INQUIRY

ENTER FUNCTION (BY NUMBER):  
CASE NUMBER (FOR 2-16): 1111111  
BUDGETING METHOD (FOR 3 ONLY): P  
CLIENT SSN (FOR 17,18,19,21):  
BENEFIT MONTH:

NEXT--> RERE

Enter the Case Number  
Enter **RERE** at the NEXT prompt.

Enter to the RERE Screen.

## Register Review

RERE Screen.

The screenshot shows a mainframe-style interface for 'REGISTER REVIEW'. At the top, it says 'RERE' and 'REGISTER REVIEW' with a timestamp '04AUG05 11:01'. Below this, fields for 'CASE NAME:', 'PRIMARY DEP/RG/OFF:', 'TEAM: 1', 'CASELOAD: 03', and 'CASE NUMBER:' are visible. The 'PROGRAM INVOLVEMENT' is set to 'FC or SA', which is circled and labeled 'Program Type.' with a green arrow. Other fields include 'APP RECEIVED DATE: 13SEP01', 'BEN EFFECTIVE DATE: 01AUG01', and 'PROGRAM STATUS: OP'. Further down, 'PREVIOUS REV' is 'Aug04', 'REVIEW DUE DATE' is 'Aug05', 'ADDRESS INFO?(Y/N): Y', 'INTERVIEW DATE' is '04Aug05' (circled with a blue arrow), and 'INTERVIEW TYPE' is 'T or F' (circled with a blue arrow). A table of review history follows, with columns for REVIEW DATE, MOD TYPE, PRINT DATE, TYPE OF REVIEW FORM, and REVIEW FORM. The table lists several past reviews, with the most recent being '27JUL05 F 15JUL05 FC-WORKSHEET'. A note 'Review form mailed on this day' is next to the last row. At the bottom right, it says 'NEXT-->'. The status bar at the very bottom shows 'S1', 'Ready (1)', '204.11.2.16.53', 'TA4931', '11:06:59 Thu Aug 04', 'NUM', '03:25:49', and '13.045'.

REVIEW DATE	MOD TYPE	PRINT DATE	TYPE OF REVIEW FORM	REVIEW FORM
27JUL05	F	15JUL05	FC-WORKSHEET	
02AUG04	D	20JUL04	FC-WORKSHEET	
02AUG04	F	15JUL03	FC-WORKSHEET	
23JUL03	F	15JUL02	FC-WORKSHEET	
02AUG02	F			
13SEP01	F			

Program Type.

Enter the interview date.

Enter T for interview type.

Enter to the ADDR  
Screen.

## Address

ADDR Screen.

ADDR ADDRESS 04AUG05 11:27

CASE NAME: TELEPHONE: 801 MESSAGE PHONE: CASE NUMBER: MINOR PARENT LIVING ARRANGE: STREET OR R.R. CITY ST ZIP ZIP+4 CO

RESIDENCE ADDRESS: SPECIAL HOUSING TYPE: 0000

MAILING ADDRESS: 3106

MED BEN ADDRESS: 0000

MED PAYEE: MED REPRESENTATIVE:

2ND PARTY ADDRESS:

----- NATIVE AMERICAN SPECIFIC INFORMATION -----  
TRIBAL CODE: LIVING ON RESERVATION (Y/N): N

SEARCH DATE--> ADDR HIST: ABAWD EFF. DATE: NEXT-->

ST Ready [1] 204.113.16.53 TA4501 11:28:20 Thu Aug 04 NUM 03:47:10 05.017

Make any necessary changes to the address screen.

Authorizing the month on the APEM screen and scrolling through the screens to make any necessary changes will complete the review. Enter your PIN to authorize the Medicaid Benefit.

See the *PACMIS Guide Opening a Medicaid Case* for a complete description of the process and screens for case authorization.

OR

Use the Review Menu to  
complete the Medicaid Review.

## Review Menu

REME Screen.

REME

REVIEW MENU

04AUG05 11:22  
LINDA M

1. INQUIRY MENU (INME)
2. CASE PROFILE (CAP1)
3. ALERT MAINTENANCE (EVAL)
4. REVERT PROGRAM TO OPEN (REPT)
5. REGISTER REVIEW (RERE)
6. MAINTAIN ADDRESS (ADDR)
7. SETUP PARTICIPATIONS (SEPA)
8. RESOURCE / INCOME REVIEW
9. INCOME REVIEW
10. COPY DETAILS FOR NEW MONTH
11. DELETE MONTH

ENTER FUNCTION (BY NUMBER):

CASE NUMBER (FOR 2 - 11): 00577374  
BENEFIT MONTH (FOR 7 - 11): SEP05  
BUDGETING METHOD (FOR 8 - 9): P

NEXT-->

Review may be completed using this Review Menu. Enter the selection number in the “Enter Function” field and proceed with the review as described above.

A complete description of screens and the authorization process is contained in the *PACMIS Guide Opening a Medicaid Case*.

### NOTES

**Make sure that when completing a review enough months are authorized for the case to show “MO” on the benefit authorization screen.**

**If a case has auto closed, you will need to revert the case to open before completing the review. See the PACMIS Guide Section for reverting cases to open for complete instructions.**

## Closing a Medicaid case in PACMIS FC or SA Medicaid cases

FCED or SAED Screen.

The screenshot shows a mainframe-style application window titled "S1 - ws - Mainframe Display WSMFP - BlueZone Mainframe Display". The window contains a menu bar (File, Edit, Session, Options, Transfer, View, Macro, Script, Help) and a toolbar. The main display area has a black background with blue text. At the top, it says "FCED or SAED" and "FC or SA - ELIGIBILITY DETERMINATION" with a timestamp "22SEP05 15:06". Below this, there are fields for "CASE NAME: ELIGIBILITY FACTOR", "HOUSE-HOLD", "CASE NUMBER:", "MONTH:", and "INDIVIDUALS". A section titled "RESIDENCY" lists various criteria: CITIZENSHIP, SOCIAL SECURITY, CLIENT AGE, TPL CO-OPER, and RESOURCES, each with a "PASS" or "N/A" status. At the bottom, there are fields for "INELIGIBILITY DATE:", "DENIAL CLOSURE REASON:", "AUTHORIZE:", "MORE FACTORS:", and "MORE CLIENTS: NEXT-->". A status bar at the very bottom shows system information like "S1", "Ready (1)", "204.113.16.53", "TA1173", "15:07:15 Thu Sep 22", "NUM", "04:06:32", and "23.060".

Enter the appropriate denial/closure reason.

See the **PACMIS Quick Reference** for a list of closure reasons.

Enter "Y" to authorize.

A Medicaid case must be closed with 10 day notice, so it might be necessary to "roll" the case forward to the next month before closing.

Make sure to send the appropriate notices and document the closure on the CAAL screen.

## TPL Referrals

ORS TPL referrals are made from the Application Entry Menu in PACMIS.  
Access the **APEM** screen by entering **APEM** in the “NEXT” field.

S1 - hs - Mainframe Display HSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

Connections: Mainframe Display HSMFP

AltIn PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF

**APEM** APPLICATION ENTRY MENU 16FEB05 15:52

1. APPLICATION ENTRY SEQUENCE
2. RESOURCES/INCOME ENTRY
3. INCOME ENTRY
4. COPY DETAILS FOR NEW MONTH
5. DELETE MONTH
6. ORS CASE REFERRAL

ENTER FUNCTION (BY NUMBER): 6

CASE NUMBER (FOR 1 - 6): 680964

BENEFIT MONTH (FOR 1 - 6): FEB05

BUDGETING METHOD (FOR 1 - 3): P

NEXT-->

AltIn Clear E EOF E Input PF13 PF14 PF15 PF16 PF18 PF19 PF20 PF21 PF22 PF23 PF24 Reset

On **APEM** Enter #6 in the **ENTER FUNCTION** field, enter the case number and the benefit month.  
Hit **Enter**.

ORSIS 151 Screen.  
Participant to Referral XREF.

Referral Type.  
Enter #2 (TPL only).

The screenshot displays the ORSIS 151 screen with the following content:

```
151 PARTICIPANT TO REFERRAL XREF 02/16/2005 16:01 HSABT95
REFERRAL TYPE: 2 (1=DUTY OF SUPPORT, 2=TPL ONLY)
PACMIS NUMBER: 0000680964
C
D HLCI LAST NAME FIRST SSN CASE FMY DPAV ON PARTI
REL REL STAT REFAL ERRO
5 0070445701 MOTH NE
TO ADD ABSENT PARENT, ENTER HLCI (IF KNOWN) , THEN PRESS PF15
PF- 1 HELP 19 AFAL SUM 20 DELETE
```

Enter S in the CD field.

Client's identifying information will be displayed.  
The system will identify the primary on a case as an adult client (mother or father).

The screenshot displays the ORSIS 153 screen titled 'TPL REFERRAL INFORMATION'. The screen shows the following fields and values:

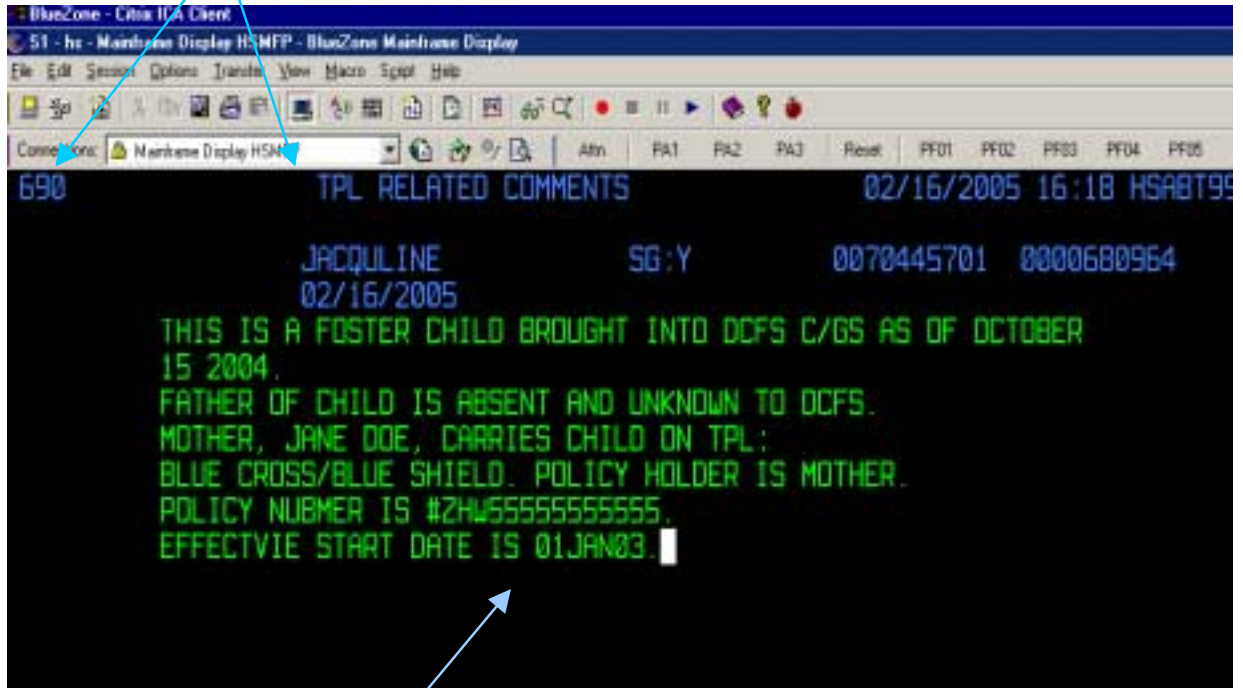
- Client Identifying Information:** JACQUINE, SG:Y 0070445701 611-74-4493 0000680964
- Purchaser Name:** MOTHER'S NAME HERE
- Insurer Name:** HEALTH INSURANCE NAME HERE
- Policy Number:** ENTER POLICY #
- Start and End Dates:** START 02/16/2005, END: (blank)
- Possible Buyout:** N
- Cobra:** (blank)
- Medical Need:** (blank)

Callout boxes provide instructions for each field:

- ORSIS 153 Screen. TPL Referral Information.** (Points to the screen title)
- Client Identifying Information.** (Points to the client name and ID)
- Purchaser Name.** Enter the name of the policyholder. Usually the mother or father. (Points to the purchaser name field)
- Insurer Name.** Add the name of the insurance company. (Points to the insurer name field)
- Policy Number** Enter the policy number. If a policy number is not added ORSIS will assign a number. If this happens add the correct number in the comments. (Points to the policy number field)
- Start and End Dates.** Type the effective date of the policy and also enter the termination date if applicable, These dates are not required (Points to the start and end date fields)
- Possible Buyout** Enter N in most cases. If the client has had insurance available enter Y. (Points to the possible buyout field)
- Cobra** Enter N in most cases. If insurance is available for Buyout through Cobra enter Y. (Points to the cobra field)
- Medical Need** Enter N in most cases. If there is an existing medical need that another party is responsible for enter Y. (Points to the medical need field)



ORSIS 690 Screen-TPL  
Related Comments



Enter comments.  
**Enter.**  
**F4** back to the APEM screen.

**\*\*For complete ORSIS and TPL information refer to the ORSIS guide.**

## Issuing a Bus Pass Medicaid Excess Determination Foster Care Medicaid C, B & D Cases

FCEX Screen.

Display WSMFP - BlueZone Mainframe Display

Transfer View Macro Script Help

FCEX (FCR) MEDICAID EXCESS DETERMINATION 10AUG05 08:51

CASE NAME: Duck, Donald CASE NUMBER: 11111111 MONTH AUG05

BMS SIZE: 01

EMPLOYMENT INCOME	:	0.00	EDUCATION INCOME	:	0.00
SELF-EMPLOYMENT INCOME	:	0.00	DEEMED INCOME	:	0.00
TOTAL EARNED	:	0.00	OTHER UNEARNED INCOME	:	0.00
WORK ALLOWANCE	:	0.00	TOTAL UNEARNED	:	0.00
30 + 1/3 DISREGARD	:	0.00	NET INCOME	:	0.00
\$30 DISREGARD	:	0.00	OTHER INCOME DEDUCTION	:	0.00
DEP. CARE DEDUCTION	:	0.00	COUNTABLE INCOME	:	0.00
TOTAL DEDUCTIONS	:	0.00	POVERTY LEVEL	:	798.00
			MEDICAL EXCESS	:	0.00
			AVAILABLE EXPENSES	:	0.00
			SELECTED EXPENSES	:	0.00
			CASH/USED EXPENSES	:	0.00
			AMOUNT OWED (MEES)	:	0.00

BENEFIT AUTHORIZATION : Worker's PIN

ISSUANCE REASON: RE ISSUANCE INDICATOR: PI

REVIEW DUE DATE: AUG06

HOLD REMINDER DATE:

HOLD REASON:

CORRECTION - IS ELIGIBLE, NO CHANGE IN MEDICAL EXCESS.

BUS PASS: Y or N

EMPLOYEE SETUP REQ: N

NEXT-->

S1 Ready [1] 204.113.76.53 TA2496 08:52:13 Wed Aug 10 NUM 00:01:01 24.076

Case name and number displayed.

Enter PIN.

A **Y** must be entered to authorize a bus pass for the Foster Child.  
The bus pass will mail with the Medicaid card.

Enter to complete bus  
pass authorization  
process.

## Foster Care Medicaid Authorization Foster Care Medicaid F Cases

FCMA Screen.

The screenshot shows a terminal window titled "play WSMFP - BlueZone Mainframe Display". The screen displays the following information:

- FCMA FOSTER CARE MEDICAID AUTHORIZATION 10AUG05 09:09
- CASE NAME: Duck, Donald CASE NUMBER: 11111111 MONTH: AUG05
- BENEFIT AUTHORIZATION: Worker's PIN
- ISSUANCE INDICATOR: DA
- ISSUANCE REASON: RE
- REVIEW DUE DATE: JUL06
- HOLD REMINDER DATE:
- HOLD REASON:
- PAYEE SETUP REQ: N
- BUS PASS: Y or N

At the bottom, it says "CORRECTION - IS ELIGIBLE. NO CHANGE IN MEDICAL EXCESS." and "NEXT-->".

Case name and number  
displayed.

Enter PIN.

A Y must be entered to  
authorize a bus pass for the  
Foster Child.  
The bus pass will mail with the  
Medicaid Card.

Enter to complete bus  
pass authorization  
process.

## Subsidized Adoption Medicaid Authorization Subsidized Adoption F, B, D and C Medicaid Cases

SAMA  
Screen.

SAMA SUBSIDIZED ADOPTION MEDICAID AUTHORIZATION 10AUG05 08:58

CASE NAME: Duck, Donald CASE NUMBER: 11111111 MONTH: AUG05

BENEFIT AUTHORIZATION: Worker's PIN  
ISSUANCE INDICATOR: DA  
ISSUANCE REASON: RE  
REVIEW DUE DATE: JAN06  
HOLD REMINDER DATE:  
HOLD REASON:  
PAYEE SETUP REQ?: N  
BUS PASS: Y or N

CORRECTION - IS ELIGIBLE, NO CHANGE IN MEDICAL EXCESS. NEXT-->

A Y must be entered to  
authorize a bus pass for the  
child.  
The bus pass will mail with the  
Medicaid Card.

Enter PIN.

Enter to complete bus  
pass authorization  
process.

## Issuing a Bus Pass for a Month when the Medicaid Benefit Has been Authorized and Mailed

- ✚ In the benefit month field, enter the next month.
- ✚ Roll through the screens for that month and on the applicable screen enter a **Y** in the **Bus Pass** field. See the previous screen examples.
- ✚ Complete the case authorization process for that month.
- ✚ Now go to the **CAMM** screen for the previous month. This is the month that you were unable to issue a bus pass on the FCMA, FCEX or SAMA screen. It must be the current month. You cannot issue a bus pass for a month that is in the past.

### Case Maintenance Menu

CAMM screen.

1. CLIENT MAINTENANCE  
2. APPLICATION MAINTENANCE  
3. PROGRAM AND PERSON ALERTS  
4. CASE RECORD CONTROL  
5. MAINTAIN ADDRESS  
6. REVERT PROGRAM TO OPEN  
7. RESOURCE/ INCOME REVIEW  
8. INCOME REVIEW  
9. COPY DETAIL FOR NEW MONTH  
10. DELETE MONTH  
11. SET UP PARTICIPATIONS  
12. DELETE MONTH FOR PROGRAM  
13. NOT AVAILABLE  
14. CARD REPLACEMENT  
15. NOT AVAILABLE  
16. NOT AVAILABLE  
17. SPECIAL PAYMENTS AUTHORIZATION  
18. RETURN/ REDIRECT BENEFITS

ENTER FUNCTION (BY NUMBER): 14  
CASE NUMBER (FOR 2 - 18): 11111111  
BENEFIT MONTH (FOR 7-14,17): Current month  
PROGRAM TYPE (FOR 12,17,18): EC or SA  
SUBTYPE (12 {IF EXT. MED.}):  
BUDGETING METHOD (FOR 7,8):  
SPECIAL PAYMENT IND. (FOR 17 ONLY):  
AUTH NUMBER / DOCUMENT ID

NEXT-->

Enter Function #14.  
Enter case number.  
Enter current benefit month.  
Program Type SA or FC.

## Card Replacement Distribution Ordering a Bus Pass

CARD Screen.

The screenshot shows a terminal window titled "e Display WSMFP - BlueZone Mainframe Display". The screen displays the following information:

- CARD** (top left)
- CARD REPLACEMENT DISTRIBUTION** (top center)
- 10AUG05 13:29** (top right)
- CASE NAME: Duck, Donald** (middle left)
- CASE NUMBER: 11111111** (middle right)
- BENEFIT MONTH: AUG05** (lower middle left)
- Benefit month and the month of today's date should match when ordering a card using this method.** (lower middle right)
- PROGRAM TYPE** (center)
- TO ORDER** (center right)
- ADDITIONAL MEDICAL ID CARD** (lower left)
- ADDITIONAL BUS PASS** (lower left)
- ADDITIONAL FOOD STAMP ID CARD** (lower left)
- FC or SA** (under PROGRAM TYPE)
- (under TO ORDER)
- Y** (under TO ORDER, highlighted with a blue arrow)
- WORKER AUTHORIZATION: Worker's PIN** (bottom left)
- NEXT-->** (bottom right)

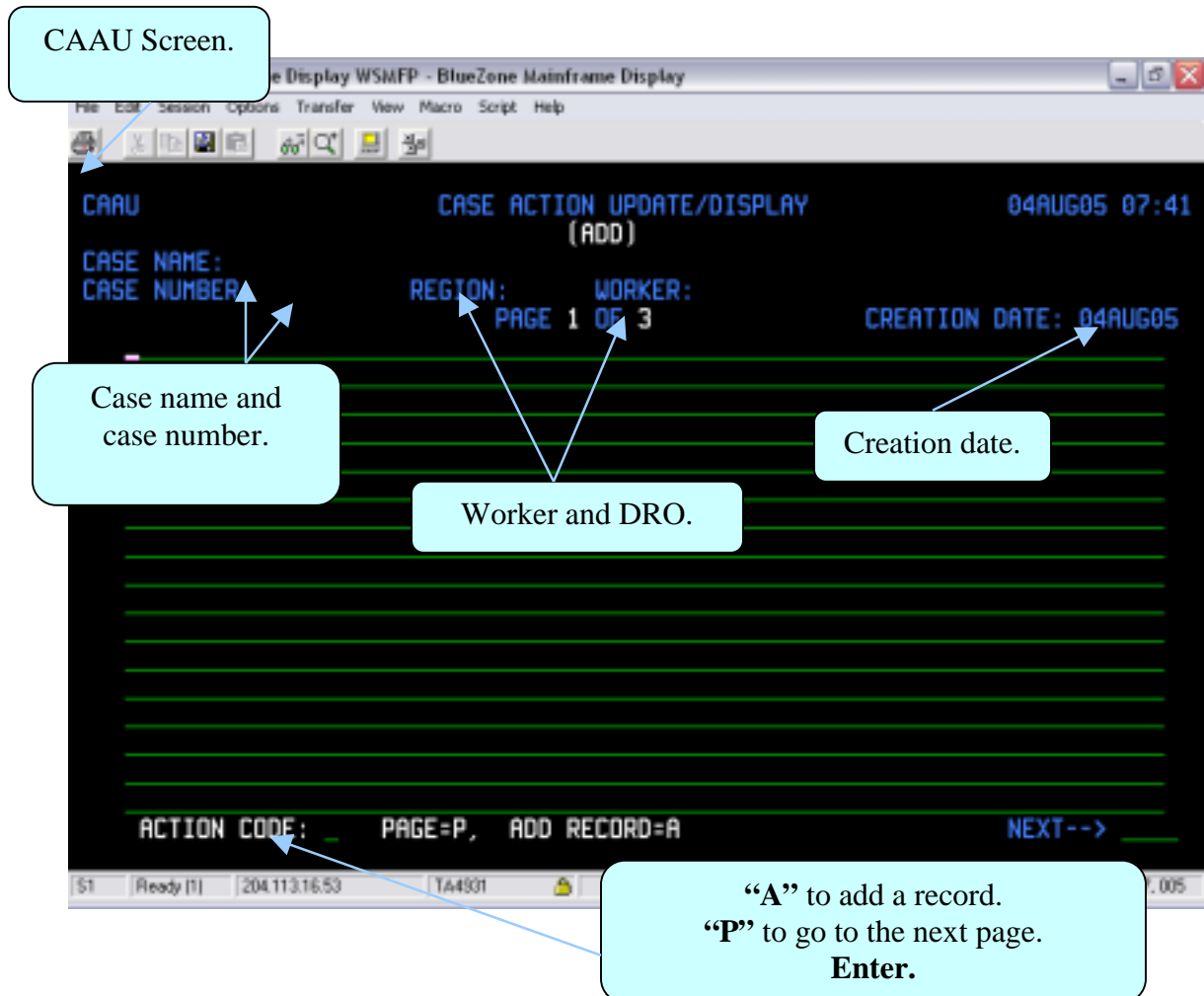
Annotations include a green arrow pointing to the "CARD" label and another green arrow pointing to the "CARE NUMBER" field. A blue arrow points to the "Y" in the "TO ORDER" column for "ADDITIONAL BUS PASS".

Enter a **Y** in the additional bus pass field.

**Enter.**  
**F9 out of the CARD**  
**screen.**

Medicaid Policy regarding bus passes can be found at  
<http://utahcares.utah.gov/infosourcemedicaid/> Section 651

## PACMIS CAAL Narrations



- ❖ Organize your thoughts before you begin your narrative.
- ❖ Use appropriate headlines. DOH requires their eligibility workers to use headlines.
  - Headlines enable anyone to see at a glance the **subject** of the narrative.
  - Use \*\*\* before and after the headline.
  - If you have multiple actions use a headline for each action.
  - The headline should not be the entire narration.
  - Headline specific events, the strange and unusual or special events.
- ❖ Be brief but concise.
  - Consider a sequential narrative as you name the steps and actions taken on the case.
  - Consider information that is pertinent to the case and the transaction.
  - Document names, numbers, specifics that aren't on the PACMIS screens.
  - Take the time to re-read your narratives. Too much may be better than too little.
  - Use appropriate abbreviations. Ask, "Does this make sense to me?" and "Will someone else be able to understand this narrative?" Or, "Will someone else be able to pick up where I've left off on this case?"
- ❖ **Remember, others can and DO read your CAAL narrations.**

- Don't assume too much in terms of what you think a reader knows.
- Be non-judgmental: don't allow personal feelings, biases, values, etc., to enter into your narrative.
- Observations may be necessary and appropriate, but they will require careful language.
- ❖ Be professional; consider correct spelling, grammar, and avoid incomplete or unfinished sentences and/or thoughts, etc.
- ❖ Be sure that your narrative includes the basics such as who, what, where, when, why, and how. **TELL THE STORY!**

## CAAL Narrative Examples

### \*\*\*IV-E/Medicaid Application\*\*\*

Received from caseworker. Petunia was removed from the custody of her mother and placed in DCFS custody by court order on July 29, 2005. This is a warrant removal. Warrant dated July 29, 2005. Eligibility month is July 2005.

### \*\*\*IV-E Determination\*\*\*

The warrant contains the necessary BI and RE language. Deprivation exists by the absence of the father from the home. The income and assets of the AFDC group meet the IV-E need standards. Case meets the initial IV-E requirements. Petunia is currently placed in a DCFS shelter placement. Placement meets the IV-E placement requirements. Case is IV-E eligible beginning July 1, 2005. The placement is fully licensed. Case is IV-E reimbursable beginning July 1, 2005.

### \*\*\*Medicaid Determination\*\*\*

Case is IV-E eligible and IV-E reimbursable and categorically eligible for Foster Care Medicaid beginning July 1, 2005.

Sent Notice

Reviewed TPL information and entered ORSIS referral. There is no other medical insurance. Set review for July 2006.

## OR

### \*\*\*Custody\*\*\*

Include information about custody date, type of custody (voluntary, court ordered, warrant) and eligibility month. Also include information about who lost custody.

### \*\*\*IV-E Determination\*\*\*

Include information on the following:

Court order requirements met? Yes or No.

Deprivation exists? Yes or no and type of deprivation.

Income and assets meet the IV-E need standards? Yes or no.

Initial IV-E requirements met? Yes or No.

Type of placement? Are the IV-E Placement requirements met? Yes or no.

Is case IV-E eligible? Beginning eligibility date?

IV-E reimbursability information. Placement fully licensed? SSI? Beginning reimbursability date?



**\*\*\*Medicaid Determination\*\*\***

Include information on the following:

Child's income and assets.

Foster Care Maintenance payment.

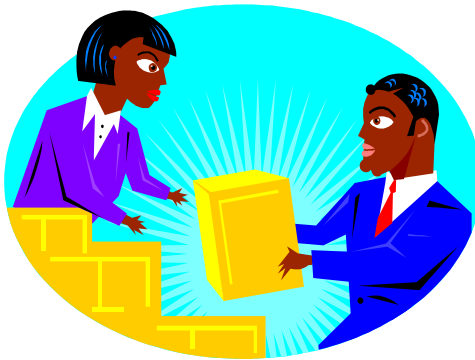
Medicaid category and date Medicaid eligibility begins.

TPL information.

Notices.

Review date.

**A good CAAL narrative saves everyone lots of time and energy!**



## Deleting a Case from PACMIS Delete Case Screen

A case may be deleted from PACMIS if no benefits have been paid. This is usually within the same day the case has been created or if the case has remained in “RE” status.

DECA Screen.

The screenshot shows a terminal window titled 'me Display WSMFP - BlueZone Mainframe Display'. The screen displays the following information:

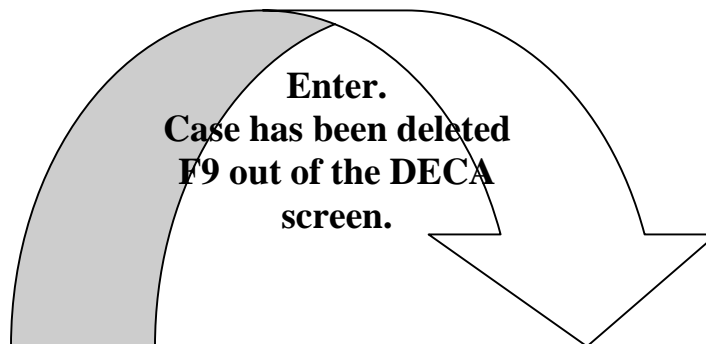
- DECA** (highlighted in green)
- DELETE CASE** (highlighted in green)
- 09AUG05 06:16** (highlighted in green)
- CASENAME: Duck, Donald** (highlighted in green)
- CASE NUMBER: 11111111** (highlighted in green)
- DEPT/REG/OFF CODE :** (highlighted in green)
- TEAM: CASELOAD:** (highlighted in green)
- PROGRAM INVOLUEMNT: FC/SA** (highlighted in green)
- APP RECEIVED DATE : Worker entry** (highlighted in green)
- BEN EFFECTIVE DATE: Worker entry** (highlighted in green)
- PROGRAM END DATE :** (highlighted in green)
- PROGRAM STATUS : OP/RE** (highlighted in green)

Below this information, there is a message in green text: "If a case may not be deleted a message 'ALL PROGRAMS DISPLAYED HAVE BENEFITS PAID-NO DELETES ALLOWED' will appear at the top of the screen."

At the bottom of the screen, there is a prompt: "TYPE IN THE WORD DELETE UNDER THE PROGRAM INVOLUEMENTS TO BE DELETED. THE PROGRAMS WHICH ARE HIGHLIGHTED MAY BE DELETED AS THEY DO NOT HAVE PAID BENEFITS. TYPE IN THE WORD ALL TO DELETE CASE 'ALL'."

The status bar at the bottom of the window shows: S1, Ready (1), 204.113.16.53, TA3441, 06:17:21 Tue Aug 09, NUM, 00:00:54, 24, 075.

Type “ALL” here to delete a PACMIS Case.



# PACMIS ALERTS!

## Eligibility Workers Menu “ELWM”

The screenshot shows the 'ELWM' (Eligibility Workers Menu) screen. The title bar reads 'Day WSMFP - BlueZone Mainframe Display'. The menu lists 22 functions, including '1. PRIOR CONTACT CHECK' through '22. TIME-LIMITED BENEFITS INQ'. At the bottom, there are prompts for 'ENTER FUNCTION (BY NUMBER):', 'CASE NUMBER (FOR 2-16):', 'BUDGETING METHOD (FOR 3 ONLY):', 'CLIENT SSN (FOR 17,18,19,21):', and 'BENEFIT MONTH'. The 'NEXT' prompt is highlighted. A callout box points to the 'ALERTS' text in the top right corner, which is circled. Another callout box points to the 'NEXT' prompt, stating: 'Enter EWAD at the “NEXT” prompt to display ALERTS.'

ELWM Screen.

What does this mean?

ELWM

INQUIRY MENU

22JUL05 1  
Caseworker  
ALERTS

1. PRIOR CONTACT CHECK  
2. CASE PROFILE  
3. HOUSEHOLD SUMMARY  
4. FINANCIAL ISSUANCE HISTORY  
5. FOOD STAMP ISSUANCE HISTORY  
6. CHILD CARE ISSUANCE HISTORY  
7. SPECIAL PMTS ISSUANCE HISTORY  
8. MED EXCESS PAYMENT HISTORY  
9. FINANCIAL BENEFIT HISTORY  
10. FOOD STAMP BENEFIT HISTORY  
11. MEDICAL BENEFIT HISTORY  
12. CHILD CARE BENEFIT HISTOR  
13. ACTION HISTORY  
14. CHILD SUPPORT SUMMARY  
15. NOTICE HISTORY  
16. WORKER NOTICE HISTORY  
17. INTERFACE INQUIRY  
18. BUY-IN INQUIRY  
19. NEW HIRES REGISTRY INQUIR  
20. REVIEW MENU  
21. STATE ONLINE QUERY SYSTEM  
22. TIME-LIMITED BENEFITS INQ

ENTER FUNCTION (BY NUMBER):  
CASE NUMBER (FOR 2-16):  
BUDGETING METHOD (FOR 3 ONLY):  
CLIENT SSN (FOR 17,18,19,21):  
BENEFIT MONTH : JUL05

NEXT

Enter EWAD at the “NEXT” prompt to display ALERTS.

An “**ALERT**” is a PACMIS notification that action needs to be taken on a case. Some alerts are set automatically by PACMIS and workers can set other alerts. You can set alerts for your cases and you can also set alerts on other PACMIS cases. Other eligibility workers can set **ALERTS** on your PACMIS cases.

If you have alerts due, a message stating **\*\*ALERTS\*\*** will appear on the upper right corner of the ELWM (Eligibility Worker Menu) screen.

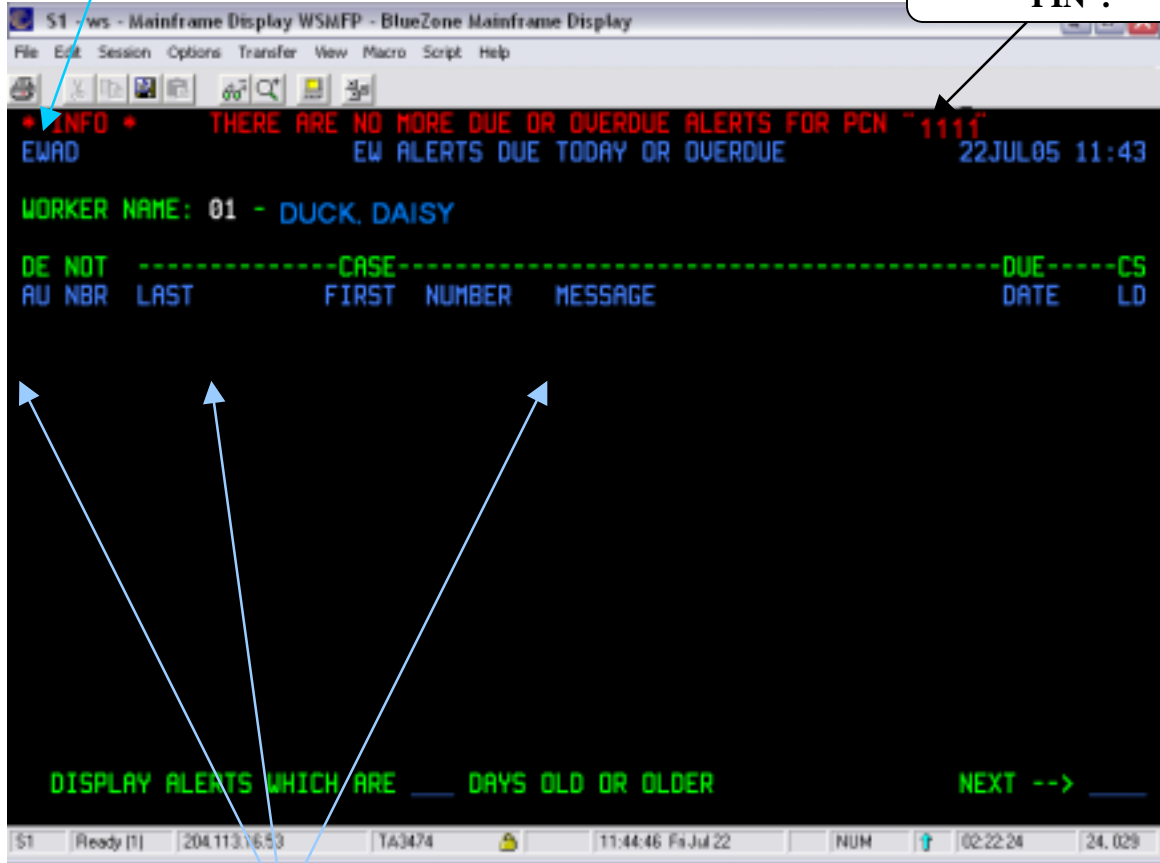
PACMIS **ALERTS** should be worked on a regular basis. An eligibility worker must regularly check and clear their **ALERTS**.

An “**Alerts Handbook**” can be found in the **PACMIS Quick Reference**, Section 7.

## Eligibility Worker Alert Due Menu

EWAD Screen.

Eligibility Worker's  
"PIN".

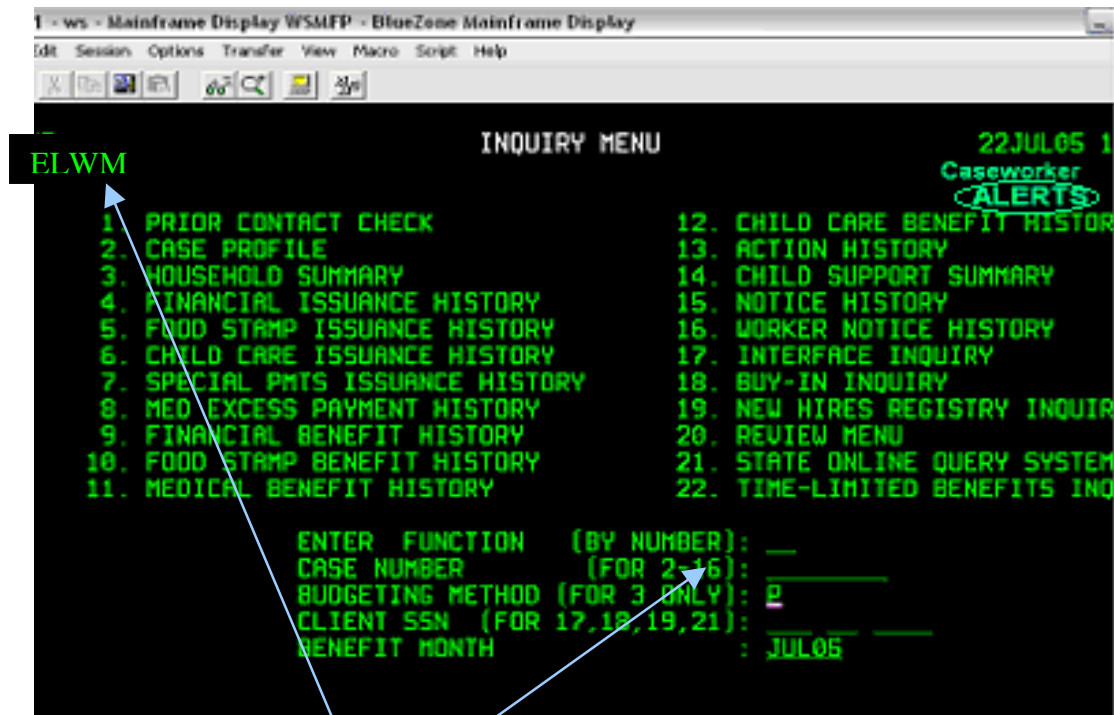


The EWAD screen will list all the ALERTS that are due and the information for that alert. The case number, name and alert type will be displayed. Print the EWAD screens to refer to as you work your ALERTS.

A list of ALERTS, their meanings and the action that should be taken is contained in the **PACMIS Quick Reference**, **Alert Handbook**, Section 7.

## How to Clear PACMIS Alerts

ALERTS should not be cleared until the eligibility worker has taken the necessary steps to resolve the reason for the alert. After the required actions have been completed, go to the ELWM screen and follow the steps below to clear the ALERT.



From the ELWM screen, enter the  
Medicaid case number in the  
“Case Number” field.  
Hit “Enter”.

## Eligibility Worker Alerts

EWAL Screen.

S1 - w - Mainframe Display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

\*INFO\* ENTER TO RECEIVE VISUAL CONFIRMATION SCREEN  
EWAL EW ALERTS 22JUL05 11:1

CASE NAME: Duck, Donald CASE NUMBER:  
PRI DRO: SMP TEAM: 1 CASELOAD: 03 -  
CC DRO: TEAM: CASELOAD: -  
MED DRO: TEAM: CASELOAD: -  
EMP DRO: TEAM: CASELOAD: -  
E&T DRO: TEAM: CASELOAD: -

NOTICE NUMBER	MESSAGE	DUE DATE	SENDER PCN	- ACTIVE WORKERS -				
				PRI	CC	MED	EMP	E&T
	REVIEW DUE	01AUG05	0000	Y				

CONTINUE (Y OR N)--> Y NEXT-->

S1 Ready(1) 204.113.16.53 TA3474 11:12:15 Fri Jul 22 NUM 01:49:53 14.00

To clear the ALERT, tab to the "Cleared" field. Next to the corresponding ALERT, type an "X" next to the ALERT you are clearing and hit "Enter".

You may also set ALERTS for yourself or other workers on this screen.  
Enter the requested action in the Message field, type a due date, and type in your PIN.  
Press "Enter".

## Replacing A Medicaid Card Case Maintenance Menu

**\*\*Before reordering a Medicaid Card, make sure the Mailing and/or Residence address on the ADDR screen is correct.**

CAMM Screen.

09AUG05 14:38

1. CLIENT MAINTENANCE  
2. APPLICATION MAINTENANCE  
3. PROGRAM AND PERSON ALERTS  
4. CASE RECORD CONTROL  
5. MAINTAIN ADDRESS  
6. REVERT PROGRAM TO OPEN  
7. RESOURCE/ INCOME REVIEW  
8. INCOME REVIEW  
9. COPY DETAIL FOR NEW MONTH  
10. DELETE MONTH  
11. SET UP PARTICIPATIONS  
12. DELETE MONTH FOR PROGRAM  
13. NOT AVAILABLE  
14. CARD REPLACEMENT  
15. NOT AVAILABLE  
16. NOT AVAILABLE  
17. SPECIAL PAYMENTS AUTHORIZATION  
18. RETURN/ REDIRECT BENEFITS

ENTER FUNCTION (BY NUMBER): 14  
CASE NUMBER (FOR 2 - 18): 11111111  
BENEFIT MONTH (FOR 7-14, 17): AUG05  
PROGRAM TYPE (FOR 12, 17, 18): 1  
SUBTYPE (12, 17 IF EXT. MED.): 1  
BUDGETING METHOD (FOR 7, 8): 1  
SPECIAL PAYMENT IND. (FOR 17 ONLY): 1  
AUTH NUMBER / DOCUMENT ID :  
NEXT-->

Enter "14" at "Enter Function".

Enter the case number, then  
enter the benefit month for the card that  
needs to be replaced.

Enter to the  
CARD Screen.

## Card Replacement Distribution

**CARD** **CARD REPLACEMENT DISTRIBUTION** **09AUG05 14:53**

**CASE NAME:** Duck, Donald **CASE NUMBER:** 11111111

**BENEFIT MONTH:** Benefit Month of Card  
that needs to be replaced

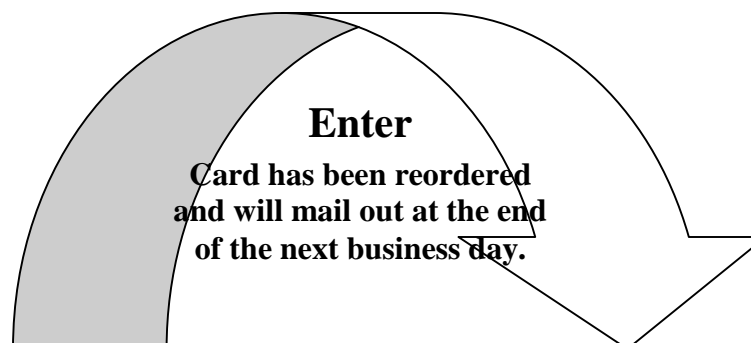
	PROGRAM TYPE	TO ORDER
ADDITIONAL MEDICAL ID CARD	FC or SA	Y
ADDITIONAL BUS PASS		Y
ADDITIONAL FOOD STAMP ID CARD		-

**WORKER AUTHORIZATION:** Worker's PIN **NEXT-->**

Enter "Y" to order the card.  
Enter your PIN number.

A replacement bus pass may be ordered here also if the pass has been previously authorized.

**\*Note:** Card replacement should be documented on the CAAL Screen





## Reverting a Medicaid Case to Open Inquiry Menu

INME Screen.

INME INQUIRY MENU 05AUG05 12:51

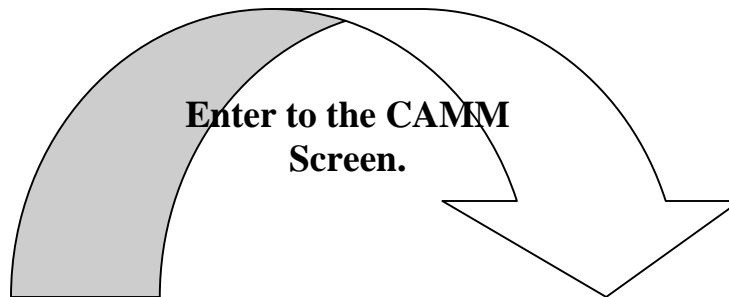
1. PRIOR CONTACT CHECK	12. CHILD CARE BENEFIT HISTORY
2. CASE PROFILE	13. ACTION HISTORY
3. HOUSEHOLD SUMMARY	14. CHILD SUPPORT SUMMARY
4. FINANCIAL ISSUANCE HISTORY	15. NOTICE HISTORY
5. FOOD STAMP ISSUANCE HISTORY	16. WORKER NOTICE HISTORY
6. CHILD CARE ISSUANCE HISTORY	17. INTERFACE INQUIRY
7. SPECIAL PMTS ISSUANCE HISTORY	18. BUY-IN INQUIRY
8. MED EXCESS PAYMENT HISTORY	19. NEW HIRES REGISTRY INQUIRY
9. FINANCIAL BENEFIT HISTORY	20. REVIEW MENU
10. FOOD STAMP BENEFIT HISTORY	21. STATE ONLINE QUERY SYSTEM
11. MEDICAL BENEFIT HISTORY	22. TIME-LIMITED BENEFITS INQUIRY

ENTER FUNCTION (BY NUMBER):  
CASE NUMBER (FOR 2-16): 00000000  
BUDGETING METHOD (FOR 3 ONLY): P  
CLIENT SSN (FOR 17,18,19,21):  
BENEFIT MONTH:

NEXT--> CAMM

ST Ready (1) 204.113.16.53 TA4769 12:52:40 Fri Aug 05 NUM 00:00:59 17.053

On the INME Screen, enter the case number. Enter **CAMM** at the “NEXT” prompt.



## Case Maintenance Menu

CAMM Screen.

CAMM CASE MAINTENANCE MENU 05AUG05 12:53

1. CLIENT MAINTENANCE	10. DELETE MONTH
2. APPLICATION MAINTENANCE	11. SET UP PARTICIPATIONS
3. PROGRAM AND PERSON ALERTS	12. DELETE MONTH FOR PROGRAM
4. CASE RECORD CONTROL	13. NOT AVAILABLE
5. MAINTAIN ADDRESS	14. CARD REPLACEMENT
6. REVERT PROGRAM TO OPEN	15. NOT AVAILABLE
7. RESOURCE/ INCOME REVIEW	16. NOT AVAILABLE
8. INCOME REVIEW	17. SPECIAL PAYMENTS AUTHORIZATION
9. COPY DETAIL FOR NEW MONTH	18. RETURN/ REDIRECT BENEFITS

ENTER FUNCTION (BY NUMBER):  
CASE NUMBER (FOR 2-18):  
BENEFIT MONTH (FOR 7-14, 17):  
PROGRAM TYPE (FOR 12, 17, 18):  
SUBTYPE (12 {IF EXT. MEB.}):  
BUDGETING METHOD (FOR 7, 8): **6**  
SPECIAL PAYMENT IND. (FOR 17 ONLY):  
AUTH NUMBER / DOCUMENT ID:

NEXT-->

Enter “6”, “Revert Program to Open”,  
in the “Enter Function” field.  
Enter the Case Number.

Enter to the REPT  
Screen.

## Revert Program to Open

REPT Screen.

REPT REVERT PROGRAM TO OPEN 05AUG05 12:54

CASE NAME: CASE NUMBER: 00000000

PROGRAM TO REVERT TO OPEN: FC or SA

REVISED PROGRAM STATUS:

SECURITY KEY: Worker PIN  
PASSUORD: PACMIS password

NEXT-->

Enter worker PIN and  
PACMIS password to  
authorize.

Enter FC or SA depending  
on case program type.

Enter

**“REVISED PROGRAM STATUS” message and the date of revision will appear.**

**Press “Enter” to continue.**

**After you have reverted a case to open you will need to determine the eligibility for any months following the original closure or denial.**

**\*\*NOTE: Do not revert a PACMIS Case to open if there has been a lapse in Medicaid Eligibility.**

**OR**

## Review Menu

REME Screen.

REME REVIEW MENU 05AUG05 13:31

1. INQUIRY MENU (INME)
2. CASE PROFILE (CAP1)
3. ALERT MAINTENANCE (EUAL)
4. REVERT PROGRAM TO OPEN (REPT)
5. REGISTER REVIEW (RERE)
6. MAINTAIN ADDRESS (ADDR)
7. SETUP PARTICIPATIONS (SEPA)
8. RESOURCE / INCOME REVIEW
9. INCOME REVIEW
10. COPY DETAILS FOR NEW MONTH
11. DELETE MONTH

ENTER FUNCTION (BY NUMBER): 4

CASE NUMBER (FOR 2 - 11): Enter Case # here

BENEFIT MONTH (FOR 7 - 11):

BUDGETING METHOD (FOR 8 - 9): P

NEXT-->

Enter "4" in the "Enter Function" field.  
Enter the case number.

**\*Note:** All case actions should be documented on the CAAL Screen.

**Enter to the REPT Screen.**

(See instructions for continuing Review completion on page 65 of this PACMIS Guide.)

## Changing Client's Identifying Information

CAMM Screen.

Case Display WSMFP - BlueZone Mainframe Display

CAMM CASE MAINTENANCE MENU 05AUG05 14:53

1. CLIENT MAINTENANCE	10. DELETE MONTH
2. APPLICATION MAINTENANCE	11. SET UP PARTICIPATIONS
3. PROGRAM AND PERSON ALERTS	12. DELETE MONTH FOR PROGRAM
4. CASE RECORD CONTROL	13. NOT AVAILABLE
5. MAINTAIN ADDRESS	14. CARD REPLACEMENT
6. REVERT PROGRAM TO OPEN	15. NOT AVAILABLE
7. RESOURCE/ INCOME REVIEW	16. NOT AVAILABLE
8. INCOME REVIEW	17. SPECIAL PAYMENTS AUTHORIZATION
9. COPY DETAIL FOR NEW MONTH	18. RETURN/ REDIRECT BENEFITS

ENTER FUNCTION (BY NUMBER): **1**

CASE NUMBER (FOR 2 - 18): \_\_\_\_\_

BENEFIT MONTH (FOR 7-14, 17): \_\_\_\_\_

PROGRAM TYPE (FOR 12, 17/18): \_\_\_\_\_

SUBTYPE (12 {IF EXT. MED.}): \_\_\_\_\_

BUDGETING METHOD (FOR 7, 8): **P**

SPECIAL PAYMENT IND. (FOR 17 ONLY): \_\_\_\_\_

AUTH NUMBER / DOCUMENT ID : \_\_\_\_\_

NEXT--> \_\_\_\_\_

ST Ready (1) 204.113.16.53 TA4769 14:54:22 Fri Aug 05 NUM 02:02:41 15,060

Enter "1" at the "Enter Function" field.

Enter to CLIM Screen.

## Client Inquiry/Maintenance Menu

CLIM Screen.

CLIM CLIENT INQUIRY/MAINTENANCE MENU 05AUG05 14:56 LINDA M

1. INQUIRE ON PERSON 5. DELETE CLIENT FROM PROGRAM  
2. RESTART CLIENT INQUIRY 6. CHANGE CLIENT IDENTIFYING DATA  
3. ADD NEW CLIENT TO CASE 7. NOT AVAILABLE  
4. ADD EXISTING CLIENT TO CASE 8. DELETE CLIENT FROM PACMIS

SELECT FUNCTION (BY NUMBER): \_

ENTER ONE OF THE FOLLOWING:  
1) IDENTIFYING CLIENT INFORMATION:  
SURNAME: IF PARTIAL, ENTER Y;  
GIVEN NAME (OR INITIAL): MIDDLE INITIAL: \_  
SSN: \_  
BIRTHDATE (DDMMYY): OR AGE: SEX: \_  
2) CLIENT IDENTIFIER: \_

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY): \_  
PROGRAM (FUNCTION 3, 4 AND 5 ONLY) = TYPE: \_  
BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY) (DDMMYY): \_  
BENEFIT MONTH OR PERIOD END (FUNCTION 3, 4, AND 5) (MMYY): \_

S1 Ready [1] 2041131653 TA4769 14:57:26 Fri Aug 05 NUM 02:05:45 10, 053

Enter "1" in "Select Function"  
Enter Client's Identifying Information:  
Name SSN  
DOB HL CI

Enter to  
CLPR Screen.

## Client Profile

CLPR Screen.

WSMFP - BlueZone Mainframe Display

CLPR CLIENT PROFILE 05AUG05 15:02

NAME/ALIASES CLIENT ID: 6 LINDA M  
Duck, Donald S.S.N.: 111-11-1111 UR: U --SYSTEMS--  
BIRTHDATE: 30JAN1998 P:O:U:U  
SEX: F A:R:S:W  
ALERTS: Y Y Y

PGM	PART CODE	CASE NUMBER	PART START	PART END	STAT	DRG	TEAM	CSLD	REL	DEN CLO	ALERT	GRP CUR
01	FC	IN	01AUG01		OP	SMP	1	03	PI			
02	AF	IN	04MAY01	31AUG01	CL	WMP	1	08	GC	EC		
03	FM	IN	01MAY01	31AUG01	CL	WMP	1	08	GC	EC		
04	FS	IN	95JAN01	31JAN01	CL	WMO	A	05	CH	IU		
05	CC	IN	05JAN01	05JAN01	DE	WMO	A	05	CH	IU		MA
06	AF	IN	05JAN01	05JAN01	DE	WMO	A	05	CH	IU		
07	FM	IN	01JAN01	01JAN01	DE	WMO	A	05	CH	IU		
08	FM	IN	01DEC00	31DEC00	CL	WMO	A	05	CH	SL		
09	FS	IN	25AUG00	30NOV00	CL	WMO	A	05	CH	RU		
10	CC	IN	25AUG00	30NOV00	CL	WMO	A	05	CH	RU		MA

TO INQUIRE ON A SPECIFIC PGM INVOLVEMENT, ENTER ITS SEQUENCE NUMBER: \_  
TO INQUIRE ON TIME-LIMITED BENEFITS, ENTER Y: \_  
TO SELECT THIS CLIENT FOR MAINTENANCE, ENTER Y: **Y**

NEXT--> \_

\$1 Ready [1] 204.113.16.53 TA479 15:03:05 Fri Aug 05 NUM 02:11:24 23.095

Review the display and determine if this is the correct client. If this is the client that you want to change the information for, enter "Y".

Enter to the CLIM Screen.

## Client Inquiry/Maintenance Menu

CLIM Screen.

CLIM CLIENT INQUIRY/MAINTENANCE MENU 05AUG05 15:09

1. INQUIRE ON PERSON 5. DELETE CLIENT FROM PROGRAM  
2. RESTART CLIENT INQUIRY 6. CHANGE CLIENT IDENTIFYING DATA  
3. ADD NEW CLIENT TO CASE 7. NOT AVAILABLE  
4. ADD EXISTING CLIENT TO CASE 8. DELETE CLIENT FROM PACMIS

SELECT FUNCTION (BY NUMBER): 6

ENTER ONE OF THE FOLLOWING:  
1) IDENTIFYING CLIENT INFORMATION:  
SURNAME: Duck IF PARTIAL, ENTER Y :  
GIVEN NAME (OR INITIAL): Donald MIDDLE INITIAL:  
SSN: 111-11-1111  
BIRTHDATE (DDMMYYYY): 30JAN1998 OR AGE: SEX: F  
2) CLIENT IDENTIFIER:

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY):  
PROGRAM (FUNCTION 3, 4 AND 5 ONLY) = TYPE:  
BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY) (DDMMYY):  
BENEFIT MONTH OR PERIOD END (FUNCTION 3, 4, AND 5) (MMYY):

S1 Ready [1] 204.113.16.53 TA4769 15:10:50 Fri Aug 05 NUM 02:19:09 10.011

Enter “6” at “Select Function”.

Enter to the CLMA Screen.



## Client Maintenance

CLMA Screen.

ay WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

CLMA CLIENT MAINTENANCE 05AUG05 15:13

SURNAME: **Duck**  
GIVEN NAME (OR INITIAL): **Donald** MIDDLE INITIAL: **D**  
SSN: **111 11 1111**  
BIRTHDATE (DDMMYYYY): **30JAN1998**  
SEX: **E**

Make the necessary changes to the client's information.

S1 Ready (1) 204.113.16.53 TA4769 15:14:00 Fri Aug 05 NUM 02:22:19 05.026

**The PACMIS Identifying Information should match the information contained on the birth record. It should also match the identifying information in SAFE. Document the change on the CAAL screen.**

### **Enter.**

Client's information has been changed. Clear the alert that PACMIS creates on the EWAL screen for the client's case. See PACMIS Alerts for specific instructions on clearing alerts.

## How to find out if a child has a current Medicaid Eligibility

INME Screen.

### Inquiry Menus

INME INQUIRY MENU 01MAR05 10:57 LINDA M

1. PRIOR CONTACT CHECK
2. CASE PROFILE
3. HOUSEHOLD SUMMARY
4. FINANCIAL ISSUANCE HISTORY
5. FOOD STAMP ISSUANCE HISTORY
6. CHILD CARE ISSUANCE HISTORY
7. SPECIAL PMTS ISSUANCE HISTORY
8. MED EXCESS PAYMENT HISTORY
9. FINANCIAL BENEFIT HISTORY
10. FOOD STAMP BENEFIT HISTORY
11. MEDICAL BENEFIT HISTORY
12. CHILD CARE BENEFIT HISTORY
13. ACTION HISTORY
14. CHILD SUPPORT SUMMARY
15. NOTICE HISTORY
16. WORKER NOTICE HISTORY
17. INTERFACE INQUIRY
18. BUY-IN INQUIRY
19. NEW HIRES REGISTRY INQUIRY
20. REVIEW MENU
21. STATE ONLINE QUERY SYSTEM
22. TIME-LIMITED BENEFITS INQUIRY

ENTER FUNCTION (BY NUMBER):  
CASE NUMBER (FOR 2-16):  
BUDGETING METHOD (FOR 3 ONLY):  
CLIENT SSN (FOR 17,18,19,21):  
BENEFIT MONTH:

NEXT-->

Enter Function  
Enter "1".

Use the search criteria outlined in "*Tips to Avoid Duplicating Clients When Registering or Adding Clients to Cases*" to insure a complete search.

CLIN Screen.

CLIN CLIENT INQUIRY 28JAN05 08:50

ENTER ONE OF THE FOLLOWING:

1. CLIENT IDENTIFYING INFORMATION:  
SURNAME: IF PARTIAL, ENTER Y :  
GIVEN NAME (OR INITIAL): MIDDLE INITIAL:  
SSN:  
BIRTHDATE (DDMMYY): OR AGE: SEX:
2. CLIENT IDENTIFIER:

Enter child's identifying  
information:

Name SSN  
DOB HLCI

Enter.

## Client Profile

CLPR Screen.

Client name and any aliases.

Sequence number.

Participation start and end dates.

Status  
OP = Open.  
CL = Closed.

To inquire on a case number enter the sequence number here.

Program Type and Participation Code  
IN means a client is participating in the program.  
OU means a client is not participating.

A "Y" indicates this client is known to that system.  
PA = PACMIS.  
OR = ORSIS.  
US = USSDS.  
UW = UWORKS.

The screenshot displays the CLPR (Client Profile) screen. At the top, it shows 'CLPR', 'CLIENT PROFILE', and the date/time '04AUG05 09:39'. Below this, there are fields for 'NAME/ALIASES', 'CLIENT ID: 8', 'S.S.N.:', 'BIRTHDATE:', 'SEX:', and 'ALERTS:'. A table of participation records follows, with columns for 'PGM CODE', 'CASE NUMBER', 'PART START', 'PART END', 'STAT', 'DRO', 'TEAM', 'CSLD', 'REL', 'DEN', 'CLO', 'ALERT', and 'GRP CUR'. The records are numbered 01 through 10. Callouts point to specific fields: 'CLPR Screen.' points to the title; 'Client name and any aliases.' points to the 'NAME/ALIASES' field; 'Sequence number.' points to the first column of the table; 'Participation start and end dates.' points to the 'PART START' and 'PART END' columns; 'Status' points to the 'STAT' column; 'To inquire on a case number enter the sequence number here.' points to the 'CASE NUMBER' column; 'Program Type and Participation Code' points to the 'PGM CODE' column; and 'A "Y" indicates this client is known to that system...' points to the 'ALERT' column.

PGM CODE	CASE NUMBER	PART START	PART END	STAT	DRO	TEAM	CSLD	REL	DEN	CLO	ALERT	GRP CUR
01 FS	IN 00	09APR01		OP	WMH	1	03	PI				
02 FM	IN 00	01JUN04	31MAY05	CL	WMH	1	03	PI	ET			
03 FM	IN 00	01SEP03	31MAY04	CL	WMH	1	03	PI	XS			0
04 FM	IN 00	01MAY03	31AUG03	CL	WMH	1	03	PI	FO			0
05 AF	IN 00	01SEP02	30APR03	CL	WMH	1	03	PI	AL			
06 FM	IN 00	01SEP02	30APR03	CL	WMH	1	03	PI	AL			0
07 FM	IN 00	01AUG02	31AUG02	CL	WMH	1	03	PI	22			0
08 AF	IN 00	14AUG02	31AUG02	CL	WMH	1	03	PI	22			
09 AF	IN 00	01FEB02	31JUL02	CL	WMH	1	03	PI	IU			
10 FM	IN 00	01FEB02	31JUL02	CL	WMH	1	03	PI	IU			0

TO INQUIRE ON A SPECIFIC PGM INVOLVEMENT, ENTER ITS SEQUENCE NUMBER:  
TO INQUIRE ON TIME-LIMITED BENEFITS, ENTER Y: -

NEXT-->

## PACMIS CODE CHEAT SHEET

PACMIS Program Codes (Medical programs in bold.)

**FM = Family Medicaid**

FS = Food Stamps

AF = Financial Assistance/FEP

**PN = Prenatal Medicaid Program**

GF = General financial Assistance

**NB = Newborn Medicaid Program**

CC = Childcare

**FC = Foster Care Medicaid**

**SA = Subsidized Adoption Medicaid**

**PC = Primary Care Network**

**CI = CHIP**

**PG = Pregnant Medicaid Program**

**DD = Community Home Based Waiver Medicaid**

**DM = Disabled Medicaid**

## Client Inquiry Short List

CLIS Screen.

CLIENT INQUIRY SHORT LIST						28FEB05 10:25	
						LINDA M	
						--SYSTEMS--	
						P:Q:U:U	
						R:R:S:M	
SURNAME	GIVEN NAME	BIRTHDATE	SEX	S.S.N.	VN		
01		19NOV1952	M		V	Y	Y
02		10FEB2000	M		V	Y	Y
03		20JUN2000	M		V	Y	Y
04		20JUL2000	M		V	Y	Y
05		05DEC2000	M		V	Y	Y
06		31JAN2003	M		V	Y	Y
07		24JUL2004	M		V	Y	Y
08		11MAR1987	M		V	Y	Y
09		15DEC2004	M		V	Y	Y
10		11NOV1994	M		V	Y	Y
11		11JUN1992	M		V	Y	Y
12		06AUG2000	M		V	Y	Y
13		17APR1986	M		V	Y	Y
14		09NOV1993	M		V	Y	Y
15		31MAY1979	M		V	Y	Y
16		23JUL1982	M		V	Y	Y

TO INQUIRE ON A SPECIFIC CLIENT, ENTER HIS/HER SEQUENCE NUMBER:

Display if multiple clients match the search criteria. To scroll through the list hit “**Enter**”. To select a client enter the sequence number then hit “**Enter**”. A display of the CLPR screen for that client will be shown.

**When the correct client has been identified, use the case number on the CLPR screen to inquire on the open programs and benefits for the month**

## Inquiry Menu

INME Screen.

INME INQUIRY MENU 01MAR05 10:57 LINDA M

1. PRIOR CONTACT CHECK	12. CHILD CARE BENEFIT HISTORY
2. CASE PROFILE	13. ACTION HISTORY
3. HOUSEHOLD SUMMARY	14. CHILD SUPPORT SUMMARY
4. FINANCIAL ISSUANCE HISTORY	15. NOTICE HISTORY
5. FOOD STAMP ISSUANCE HISTORY	16. WORKER NOTICE HISTORY
6. CHILD CARE ISSUANCE HISTORY	17. INTERFACE INQUIRY
7. SPECIAL PMTS ISSUANCE HISTORY	18. BUY-IN INQUIRY
8. MED EXCESS PAYMENT HISTORY	19. NEW HIRES REGISTRY INQUIRY
9. FINANCIAL BENEFIT HISTORY	20. REVIEW MENU
10. FOOD STAMP BENEFIT HISTORY	21. STATE ONLINE QUERY SYSTEM
11. MEDICAL BENEFIT HISTORY	22. TIME-LIMITED BENEFITS INQUIRY

ENTER FUNCTION (BY NUMBER):  
CASE NUMBER (FOR 2,16):  
BUDGETING METHOD (FOR 3 ONLY):  
CLIENT SSN (FOR 17,18,19,21):  
BENEFIT MONTH:

NEXT-->

Enter Case Number.

Enter Function "2" to  
display the CAP 2  
screen.  
Enter Function "11" to  
display the Medical  
Benefit History screen.

Enter to the CAP 2 or  
MEBH Screen.

## Case Profile-Page 2

CAP2 Screen.

Display WSMF - BlueZone Mainframe Display

File Edit Session Options Transfer View Macros Script Help

File Edit Session Options Transfer View Macros Script Help

File Edit Session Options Transfer View Macros Script Help

CAP2 CASE PROFILE - PAGE 2 04AUG05 10:19

CASE NAME: CASE NUMBER: MONTH: SEP05

PROGRAM	CUG	PRG	HH	BENEFIT	APP	PROG	STATUS	CL	REV	CUR
TYP/SUB	CAT	GAP	ALT	SZ	EFF DAT	RECEIVE	STATUS	DATE	DE	DUE
FM 12	F		06	01JUN04	08JUN04	OPEN	31JUL05		NOV05	MAY05
FS			06	09APR01	09APR01	OPEN	23DEC04		NOV05	SEP05

CLIENT	CLIENT ID	C	DOB	REL	SEX	PER	ALT	FS	FM
NAME	SSN	K	AGE	PI		ALT		IN	IN
B L		B	031	PI	F	NC		IN	IN
B D		3	014	CH	M			IN	IN
S A		B	010	CH	F			IN	IN
B S		B	007	CH	F			IN	IN

VIEW PRIOR MONTH CLIENT INFO (MMYY): NEXT-->

S1 Ready (1) 204113.16.53 TA4931 10:20:18 Thu Aug 04 NUM 02:39:08 11,036

Client Name, SSN and HLCL.

Review Date  
& Program Status..

The 10<sup>th</sup> Medicaid check  
digit is now available on the  
CAP2 screen.

All Clients on this CAP2 are  
coded "IN" for the FM  
program type.

Or the MEBH  
Screen.



## Medicaid Benefits History Screen

MEBH Screen.

Display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

\* INFO \* MORE PAGES EXIST

MEBH MEDICAL BENEFIT HISTORY SCREEN 01MAR05 12:48  
LINDA M

CASE NAME: CASE NUMBER:

BEN MTH	PGM TYP	CAT	CUG GRP	NAME	MAIL DATE	EXCESS AMOUNT	DOC STA	ISS ASN	ISS IND	S I	PCN
APR05	FM	F		L D A S S J L		0.00		RE	MO		AUTO
MAR05	FM	F		L D A S S J L	28FEB05	0.00	PE	RE	PI		AUTO
FEB05	FM	F		L D A S S J L	31JAN05	0.00	PE	RE	PI		7294

PROGRAM TYPE: BENEFIT MONTH: NEXT-->

S1 Paged (1) 204.113.16.53 TA2318 12:49:56 Tue Mar 01 NUM 04:47:23 24.075

Benefit Month.

Client Name.

Mail Date.

**A current Medicaid eligibility is indicated on the Medicaid card when that month has a mail date displayed. If the mail date is not showing or is showing as highlighted, then a Medicaid benefit has not been issued for that month. Check MMIS for the current month's Medicaid benefit display. Instructions for accessing MMIS are contained in the MMIS Guide.**

## PACMIS NOTICE SCREEN

PACMIS Notices are used to alert the client of Medicaid eligibility and any changes made to that eligibility. A notice should be sent when a Medicaid case is opened, when a review is completed and when eligibility ends. Closure notices are a Medicaid requirement.

NORE Screen.

The screenshot shows the 'NORE' screen in a mainframe display window. The title bar reads 'S1 - ws - Mainframe Display WSMFP - BlueZone Mainframe Display'. The menu bar includes 'File', 'Edit', 'Session', 'Options', 'Transfer', 'View', 'Macro', 'Script', and 'Help'. The screen displays the following information:

- Top left: **NORE**
- Top center: **NOTICE REQUEST**
- Top right: **22JUL05 09:22**
- Below title: **CASE NAME:** and **CASE NUMBER:**
- Table header:
  - CHNG(C)** **NOTICE** **BENEFIT**
  - DEL(D)** **TYPE** **MONTH** **PGM** **WKRC** **SITUATION**
- Table data:
  - Row 1: **JUN05** (under MONTH), **CASE IS ELIGIBLE FOR MEDICAL ASSISTANCE** (under SITUATION)
- Bottom left: **OTHERS:** followed by three blank lines.
- Bottom center: **MORE SITUATIONS: N**
- Bottom right: **NEXT-->** followed by a blank line.

Annotations on the screenshot:

- A blue arrow points from the 'NORE Screen.' text box to the 'NORE' title.
- A green arrow points from the word 'Notice' to the 'SITUATION' column header.
- A green text box with arrows pointing to the 'CHNG(C)' and 'DEL(D)' columns contains the following text: 'Enter "C" to change or "D" to delete the requested notice. DO NO delete the notice after mailing. The notice will mail overnight and move to the NOHS screen. Delete any notices that you don't want to mail.'

The status bar at the bottom shows: S1, Ready (I), 204.113.16.53, TA3474, 09:26:10 Fri Jul 22, NUM, 00:03:48, 20.015.

### Notice Types Used Most Often

Enter the 4 letter code

<b>MMFE</b> - Eligible for IV-E FC	<b>MMFC</b> - Eligible for Non IV-E FC
<b>GERE</b> - Review completed	<b>MERE</b> - Medical review completed
<b>MMSA</b> - Eligible for IV-E SA	<b>MMSS</b> - Eligible for Non IV-E SA
<b>MCEC</b> - Closure, no eligible child	<b>MCRC</b> - Closure, client request
<b>MMXS</b> - Closure, eligible for another program	
<b>XM18</b> - Child turning 18, verify school attendance	
<b>XM16</b> - Child turns 16, verify school	
<b>ALSN</b> - Request SSN	

*For a complete list of Notice Types, see the PACMIS Quick Reference, Section 6.*



## Application Maintenance

When you are notified that the baby has been born, determine how to proceed by consulting the Prenatal Medicaid Procedures. For scenario 2 and scenario 3 the baby will be added to the mother's foster care case.

APMA Screen.

APMA APPLICATION MAINTENANCE 10AUG05 15:10

CASE NAME: **Duck, Daisy** CASE NUMBER: **11111111**

PRIMARY DEPT/REG/UNIT: TEAM: CASELOAD:

EXPEDITED FS : DISCOVERY DATE : DRUG/ALCOHOL REHAB :

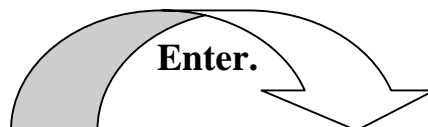
PROGRAM TYPE	SUB	CAT	MED COV	APPLICATION RECEIVED DATE	BEN EFFECTIVE DATE	PROGRAM STATUS
FC		B,C,D or F		13SEP01	01AUG01	OP
PN				Enter Date	Enter Date	

Next-->

The benefit effective date is the first day of the month of the baby's birth.

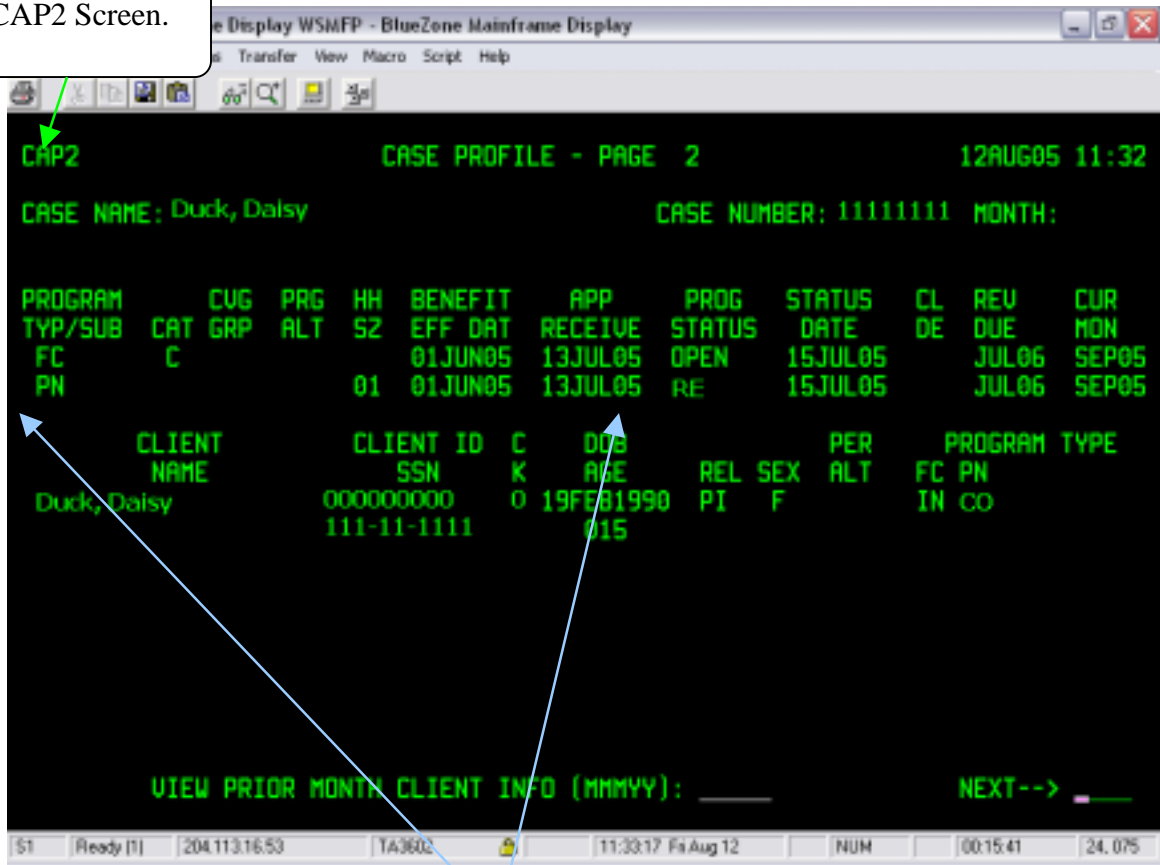
The "PN" program type must be added to the case before the child can be added to the case.

On the APMA screen type "PN", the **Application Received Date** and the **Benefit Effective Date**.



Case Profile-Page 2

CAP2 Screen.



Case Display WSMFP - BlueZone Mainframe Display

Transfer View Macro Script Help

CAP2 CASE PROFILE - PAGE 2 12AUG05 11:32

CASE NAME: Duck, Daisy CASE NUMBER: 11111111 MONTH:

PROGRAM TYP/SUB	CUG CAT	PRG GRP	HH ALT	BENEFIT SZ	EFF DAT	APP RECEIVE	PROG STATUS	STATUS DATE	CL DE	REV DUE	CUR MON
FC	C			01JUN05	13JUL05	OPEN	15JUL05			JUL06	SEP05
PN			01	01JUN05	13JUL05	RE	15JUL05			JUL06	SEP05

CLIENT NAME	CLIENT ID SSN	C K	DOB AGE	REL	SEX	PER ALT	PROGRAM FC PN	TYPE IN CO
Duck, Daisy	000000000	0	19FEB1990	PI	F			
	111-11-1111		015					

VIEW PRIOR MONTH CLIENT INFO (MMYY): NEXT-->

S1 Ready [1] 204.113.16.53 TA3602 11:33:17 Fri Aug 12 NUM 00:15:41 24, 075

The “PN” Program Type will now show on the CAP2 screen in “RE” status.

The baby can now be added to the case.

Using the case number proceed, to the **CLIM** screen.

## Client Inquiry/Maintenance Menu

CLIM Screen.

CLIM CLIENT INQUIRY/MAINTENANCE MENU 02FEB06 07:50 LINDA M

1. INQUIRE ON PERSON 5. DELETE CLIENT FROM PROGRAM  
2. RESTART CLIENT INQUIRY 6. CHANGE CLIENT IDENTIFYING DATA  
3. ADD NEW CLIENT TO CASE 7. NOT AVAILABLE  
4. ADD EXISTING CLIENT TO CASE 8. DELETE CLIENT FROM PACMIS

SELECT FUNCTION (BY NUMBER): 1

ENTER ONE OF THE FOLLOWING:  
1) IDENTIFYING CLIENT INFORMATION:  
SURNAME: Duck IF PARTIAL, ENTER Y :  
GIVEN NAME (OR INITIAL): Huey MIDDLE INITIAL:   
SSN:   
BIRTHDATE (DDMMYYYY): 1FEB2006 OR AGE: SEX: M  
2) CLIENT IDENTIFIER:   
ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY):   
PROGRAM (FUNCTION 3, 4 AND 5 ONLY) = TYPE:   
BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY) (DDMMYY):   
BENEFIT MONTH OR PERIOD END (FUNCTION 3, 4, AND 5) (MMYY):

The following Client Information  
must be entered for the search:

<b>Surname</b>	Family Surname
<b>Given Name</b>	First Name
<b>Birth date</b>	Day baby was born
<b>Sex</b>	M or F

Enter "1" in the "Select  
Function" field.

If the baby has not yet been registered, you will  
receive an error message,  
**"No Client Found Using Surname"**,  
Proceed to page 84 of this PACMIS Guide to  
register client.

If client is found,  
Save Client Inquiry/Maintenance  
Procedure for PACMIS Client Found Using

CLIM Screen.

WSMFP - BlueZone Mainframe Display

CLIM

No Client found Using Surname

ENANCE MENU 02FEB06 09:58

1. INQUIRE ON PERSON	5. DELETE CLIENT FROM PROGRAM
2. RESTART CLIENT INQUIRY	6. CHANGE CLIENT IDENTIFYING DATA
3. ADD NEW CLIENT TO CASE	7. NOT AVAILABLE
4. ADD EXISTING CLIENT TO CASE	8. DELETE CLIENT FROM PACMIS

SELECT FUNCTION (BY NUMBER): 3

Enter "3" in "Select Function".

ENTER ONE OF THE FOLLOWING:

1) IDENTIFYING CLIENT INFORMATION:

SURNAME: Duck IF PARTIAL, ENTER Y :  
GIVEN NAME (OR INITIAL): Huey MIDDLE INITIAL:   
SSN:   
BIRTHDATE (DDMMYYYY): 01FEB2006 OR AGE: SEX: M

2) CLIENT IDENTIFIER:

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY): 00111111  
PROGRAM (FUNCTION 3, 4 AND 5 ONLY) = TYPE: PN  
BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY) (DDMMYY): 01FEB06  
BENEFIT MONTH OR PERIOD END (FUNCTION 3, 4, AND 5) (MMYY):

[S1] [Ready [1]] [204.113.16.53] [TAT131] [09:58:19 Thu Feb 02] [NUM] [02:10:05] [10.053]

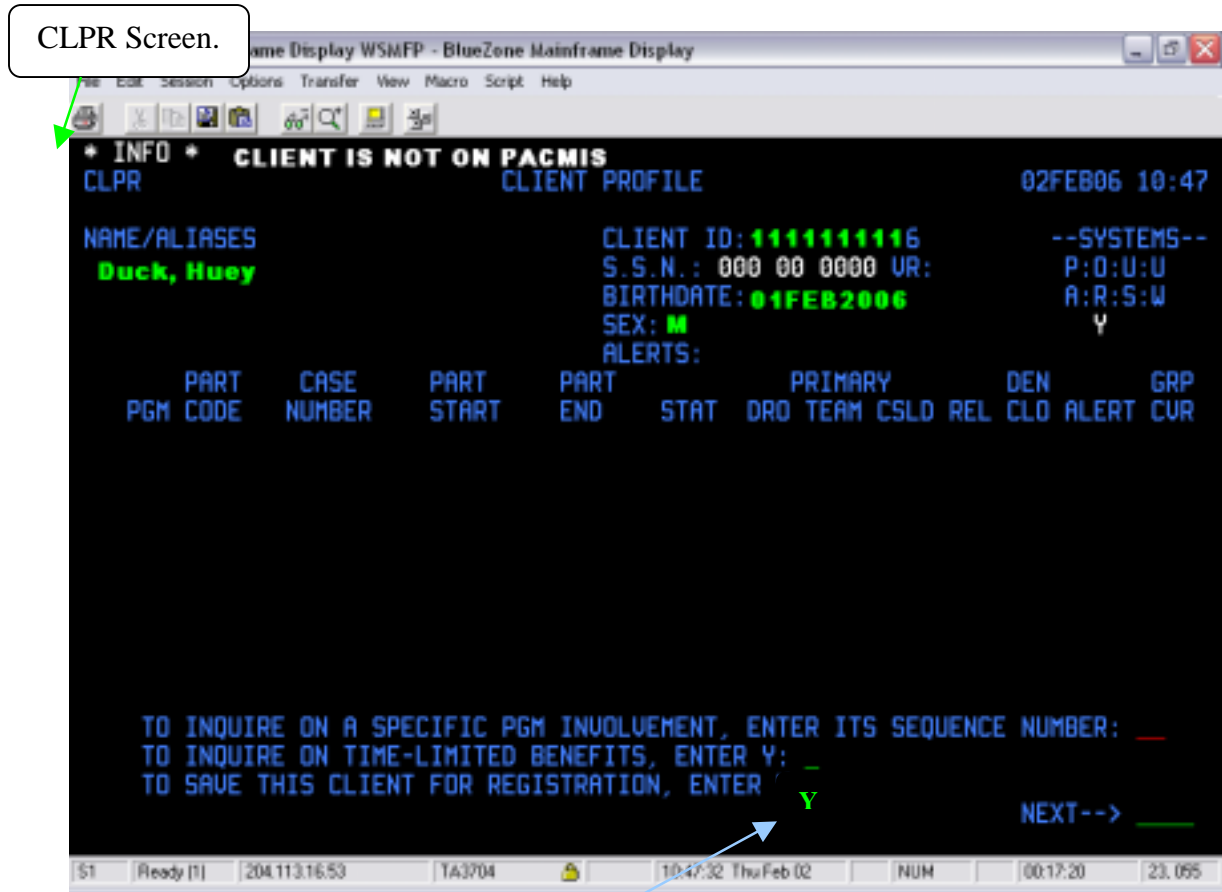
Function "3" is used to add a new client to a case.

Foster Care Case Number.  
Program Type PN.  
Benefit Start Period is the first day of the month of the baby's birth.

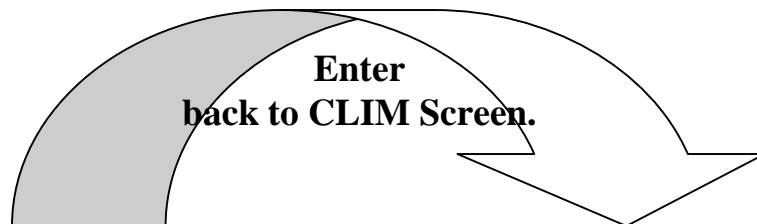
**Enter.**  
Message "Client Created and Registered".  
Return to INME Screen  
Unborn will now appear on the CAP2 screen.  
Proceed to Page 87 of this PACMIS Guide.

**Client Profile**

**Procedure when “Baby” has previously been registered.**



If this is the correct client enter a “Y”.



**Client Inquiry/Maintenance Menu**

Procedure when “Baby” has been previously registered.  
“Baby” is now “Saved” for Maintenance.

CLIM Screen.

CLIM CLIENT INQUIRY/MAINTENANCE MENU 12AUG05 12:57

1. INQUIRE ON PERSON 5. DELETE CLIENT FROM PROGRAM  
2. RESTART CLIENT INQUIRY 6. CHANGE CLIENT IDENTIFYING DATA  
3. ADD NEW CLIENT TO CASE 7. NOT AVAILABLE  
4. ADD EXISTING CLIENT TO CASE 8. DELETE CLIENT FROM PACMIS

SELECT FUNCTION (BY NUMBER): 4 Enter “4” at  
“Select Function”.

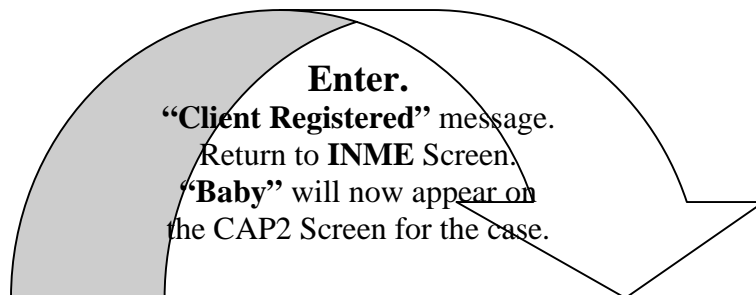
ENTER ONE OF THE FOLLOWING:  
1) IDENTIFYING CLIENT INFORMATION:  
SURNAME: \_\_\_\_\_ IF PARTIAL, ENTER Y :  
GIVEN NAME (OR INITIAL): \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
SSN: \_\_\_\_\_  
BIRTHDATE (DDMMYYYY): \_\_\_\_\_ OR AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
2) CLIENT IDENTIFIER: \_\_\_\_\_

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY): 00111111  
PROGRAM (FUNCTION 3, 4 AND 5 ONLY) = TYPE: PN  
BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY) (DDMMYY): 01FEB06  
BENEFIT MONTH OR PERIOD END (FUNCTION 3, 4, AND 5) (MMYY): \_\_\_\_\_

S1 Ready [!] 204.113.16.53 TA3602 12:57:55 Fri Aug 12 NUM 01:40:19 10.053

Function “4” is used to add an  
existing client to a case.

Foster Care Case Number.  
Program Type is **PN**.  
Benefit Start Period is the first day  
of the month of the baby’s birth.



**Case Profile-Page 2**  
Display after “Baby” has been registered.

CAP 2 Screen.

FC and  
PN  
program  
types are  
listed.

WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

CAP2 CASE PROFILE - PAGE 2 12AUG05 13:15

CASE NAME: Duck, Daisy CASE NUMBER: 0011111 MONTH:

PROGRAM TYP/SUB	CUG CAT	PRG GRP	HH ALT	BENEFIT EFF DAT	APP RECEIVE	PROG STATUS	STATUS DATE	CL DE	REV DUE	CUR MON
FC	C			01JUN05	13JUL05	OPEN	15JUL05		JUL06	SEP05
PN			01	01JUN05	13JUL05	OPEN	15JUL05		JUL06	SEP05

CLIENT NAME CLIENT ID C DOB PER PROGRAM TYPE

Duck, Daisy SSN K AGE REL SEX ALT FC PN

00000000 0 19FEB1998 PT F IN CO

111-11-1111 15

Duck, Huey 11111111 1 01FEB2006 UB M CO CO

000-00-0000 000

VIEW PRIOR MONTH CLIENT INFO (MMMYY): NEXT-->

\$1 [Ready [1]] 204.113.16.53 TA3602 13:16:10 Fri Aug 12 14:04 01:50:34 24.075

Foster Youth and the "Baby" will  
both appear on the CAP2 screen.

Now to the Case Setup  
for the PN Program.

## Inquiry Menu

INME Screen.

S1 - ws - Mainframe Display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

INME INQUIRY MENU 02FEB06 10:52

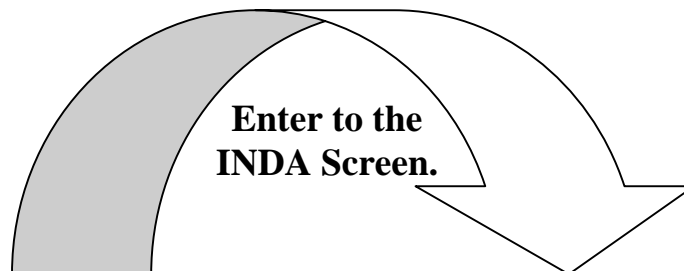
1. PRIOR CONTACT CHECK	12. CHILD CARE BENEFIT HISTORY
2. CASE PROFILE	13. ACTION HISTORY
3. HOUSEHOLD SUMMARY	14. CHILD SUPPORT SUMMARY
4. FINANCIAL ISSUANCE HISTORY	15. NOTICE HISTORY
5. FOOD STAMP ISSUANCE HISTORY	16. WORKER NOTICE HISTORY
6. CHILD CARE ISSUANCE HISTORY	17. INTERFACE INQUIRY
7. SPECIAL PMTS ISSUANCE HISTORY	18. BUY-IN INQUIRY
8. MED EXCESS PAYMENT HISTORY	19. NEW HIRES REGISTRY INQUIRY
9. FINANCIAL BENEFIT HISTORY	20. REVIEW MENU
10. FOOD STAMP BENEFIT HISTORY	21. STATE ONLINE QUERY SYSTEM
11. MEDICAL BENEFIT HISTORY	22. TIME-LIMITED BENEFITS INQUIRY

ENTER FUNCTION (BY NUMBER):  
CASE NUMBER (FOR 2-16): 00111111  
BUDGETING METHOD (FOR 3 ONLY): P  
CLIENT SSN (FOR 17,18,19,21):  
BENEFIT MONTH:  
Benefit Start Month.

NEXT--> INDA

S1 Ready [!] 204.113.16.53 TA3704 11:12:33 Thu Feb 02 NUM 00:42:21 17.053

Enter the Case Number.  
Enter Benefit Month. Use the month  
that the PN benefit begins.  
Enter **INDA** at the “NEXT” Prompt.



**Interview Data**



INDA Screen.

WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

INDA INTERVIEW DATA 12AUG05 13:38

CASE NAME: CASE NUMBER:

PROGRAMS: FC PN

INTERVIEW DATE: 15JUL05

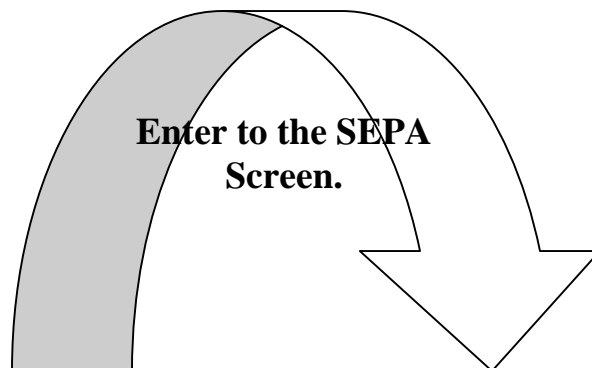
RESCHEDULED: Y

COMPLETED: Y

Enter Date of Interview  
Enter a "Y" for completed  
for the PN Program.

NEXT--> \_\_\_\_\_

\$1 Ready [1] 204.113.16.53 TA3602 13:39:05 Fri Aug 12 NUM 02:21:29 12.025



## Setup Participations

SEPA Screen.

SEPA SETUP PARTICIPATIONS 16AUG05 10:40

CASE NAME: **Duck, Daisy** CASE NUMBER: **11111111** MONTH:

NAME	REL	PGM SUB	CAT/ COU	PART	DAY	ASN	DATE	PGM SUB	CAT/ COU	PART	DAY	ASN	DATE
01 Daisy D	PI	FC	C	IN	1			PN		OU	1		
02 Huey D	UB	FC	C	OU	1			PN		IN	1		

SPECIAL PROJECT INDICATOR-->  
HH TAX DEP: \_ MORE PROGRAMS: \_ MORE CLIENTS: \_ NEXT--> \_

\$T Ready [1] 204.113.16.53 TA1447 10:40:45 Tue Aug 16 NUM 00:11:12 07.028

Enter **"UB"** for the baby in the REL field.  
Relationship must be **"UB"** for **"PN"** for 60 days after birth

Foster Child coded **"IN"** for **"FC"** program.  
Baby is coded **"OU"** for the **"FC"** program.

Foster Child is coded **"OU"** for PN program.  
Baby is coded **"IN"** for PN program.

Enter to ETRC  
Screen.

**Ethnic/Residency/Citizenship/Identity/School**

ETRC Screen.

NAME	REL	ETH	--RACE	GROUP--	CIT	UR	RES	UR	CODE	ST	EX	UR	OTH	BUS	CAAL	DATE
01 Daisy D	PI	N	WH		US	HC	RE	HC	OTH	ET		CS				
02 Huey D	UB	N	WH		US	PP	RE	PP	NOT	NA		CS				

MORE CLIENT: \_ NEXT--> \_

S1 Ready (1) 204.113.16.53 TA144? 11:16:40 Tue Aug 16 NUM 00:47:07 05.006

### Mandatory Entries for the unborn

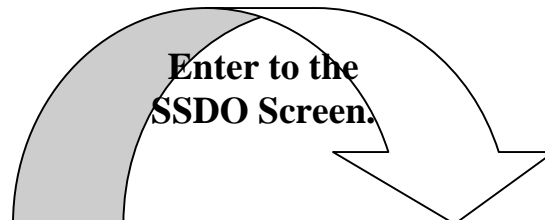
Residency - **RE**

School Code - **NOT**

School Status - **NA**

Verification code for how each item was verified.

\*See **PACMIS Quick Reference** for list of verification codes.



Enter to the  
SSDO Screen.

**SSN/Date of Birth/Sex**

SSDO Screen.

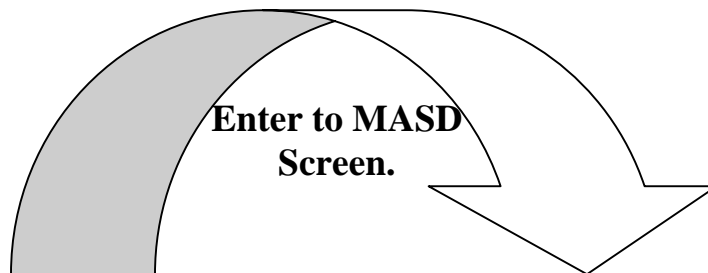
SSDO SSN / DATE OF BIRTH / SEX 16AUG05 11:27

CASE NAME: Duck, Daisy CASE NUMBER: 11111111 BENMO: DISBL M

NAME	REL	SSN	SSS DATE	UR	DOB	UR	S	P	A	F	BM	C	W	CAAL
01 Daisy D	PI	111 11 1111		IN	19FEB1990	HC	E	P						
Huey D	UB				01FEB2006	CS M								

MORE CLIENTS: \_ NEXT--> \_

Enter Verification Code for DOB for the baby. Use CS until you can verify the birth with Vital Statistics.



**Marital Status/Deprivation/Cooperation**

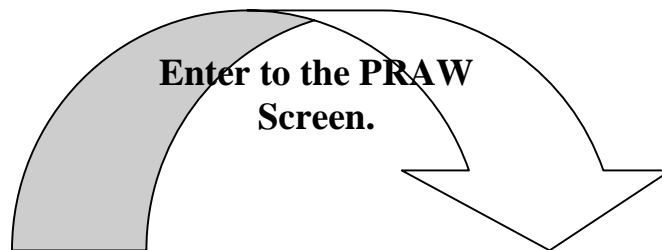
MASD Screen.

CASE NAME:	MAR STA	DEP ASN	UR	CO OP	UR	REASON CLAIM	BASIS FOR DETERMINATION	CARL DATE
01 Daisy D	PI	NM	DS	CS	CO	HC	—	—
Huey D JR D	UB	NM	ND	CS	—	—	—	—

IMMUNIZATION: \_

MORE CLIENTS: \_ NEXT--> \_

Enter “NM” for Marital Status.  
Enter “ND” for deprivation reason.  
Enter the appropriate Verification Code.  
\*See **PACMIS Quick Reference** for a list of  
verification codes.



**Previous Aid/Work Incentives**

PRAW  
Screen.

Display WSMFP - BlueZone Mainframe Display

Transfer View Macro Script Help

PRAW PREVIOUS AID/WORK INCENTIVES 16AUG05 12:15

CASE NAME:  
BENEFIT MONTH: CASE NUMBER:

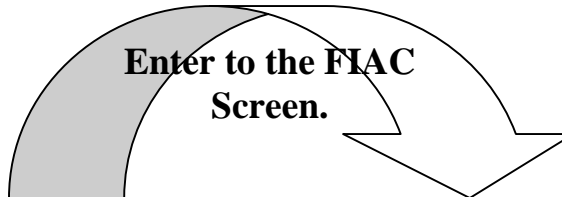
		PREV AF	PREV FS	1/3	\$30	O/S	PAC	WK	EMP	S	GA	S	WTE	S	CAAL		
NAME	REL	MMYY	ST	MMYY	ST	USD	START	MOS	MOS	MO	EXT	T	MOS	T	MOS	T	DATE
01 Daisy	PI							0	0	0	0		0		0		
02 Huey	UB							0	0	0	0		0		0		

No Entry required.  
Leave previously posted  
information on the screen.

MORE CLIENTS: \_ NEXT--> \_

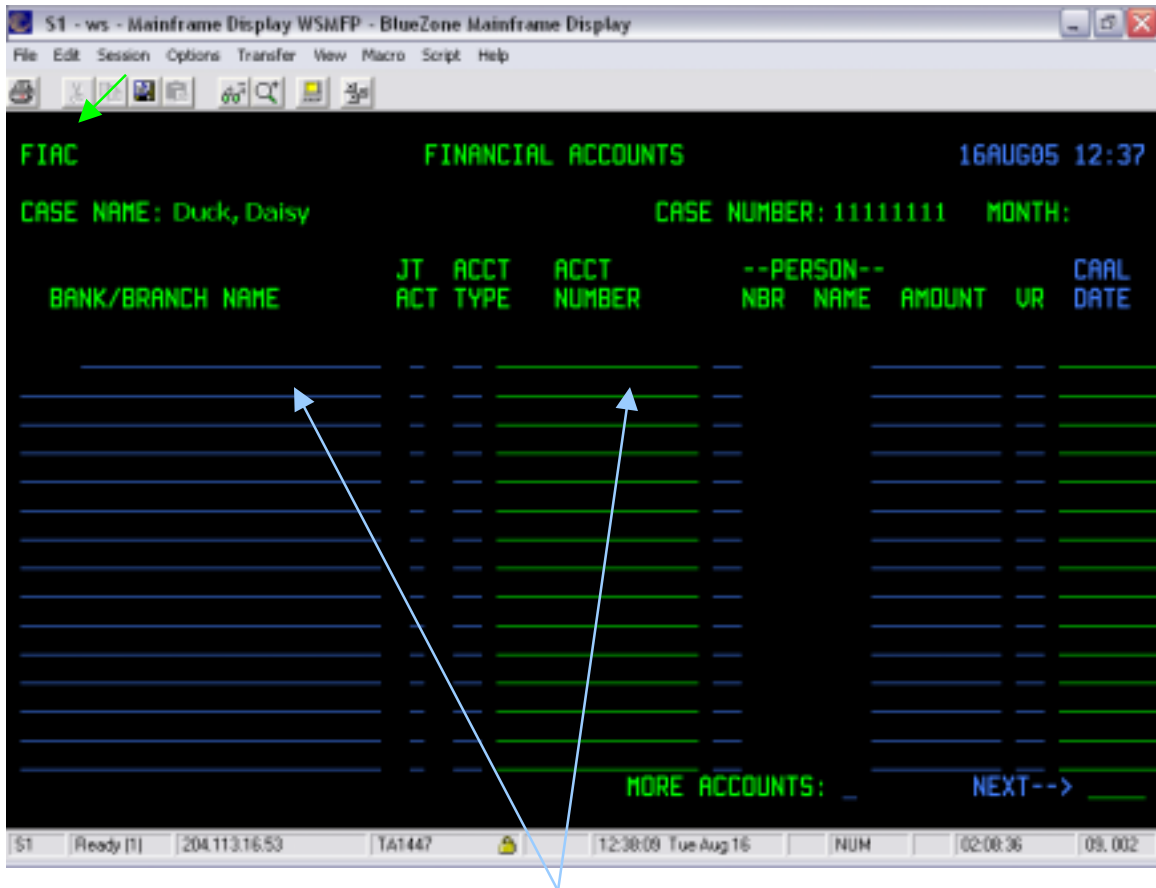
ST Ready(T) 204.112.16.53 TA1447 12:16:16 Tue Aug 16 NUM 01:46:43 09,016

Enter to the FIAC  
Screen.

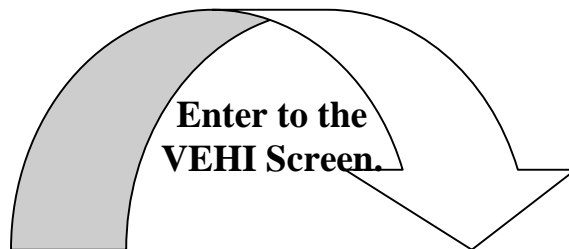


## Financial Accounts Screen

FIAC Screen.



The Foster Child's financial account information is posted here. If the baby has an account enter that information also.

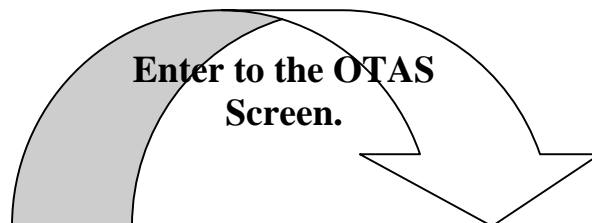


## Vehicles

VEHI Screen.

[illegible]

The Foster Child's vehicle information is entered here. No additional entry is needed for the baby.



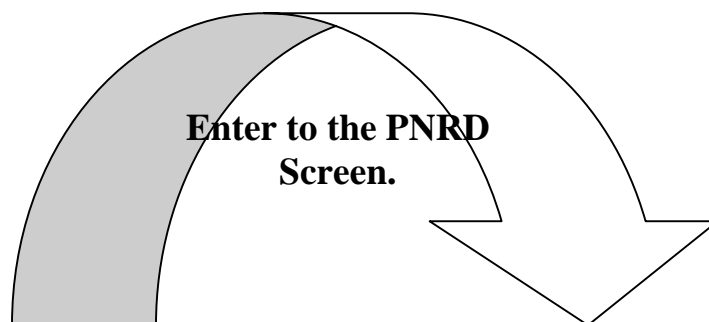
OTAS Screen.

## Other Assets



[illegible]

The Foster Child's asset information is entered here. Additional entry for the baby is not usually needed.



## PN Resource Determination

PRND Screen.

S1 - ws - Mainframe Display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

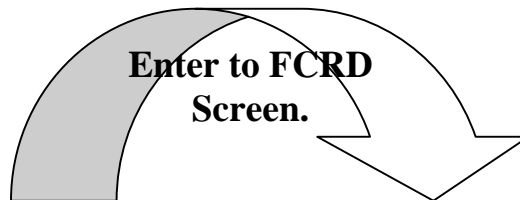
PNRD PN RESOURCE DETERMINATION 16AUG05 12:58

CASE NAME: Duck, Daisy CASE NUMBER: 11111111 MONTH:  
BMS SIZE: MONTH DETERMINED ELIG:  
VEHICLES VALUE OWED EXEMPT NON-EXEMPT VEHICLE SPONSOR  
USE OWNED

HOUSEHOLD ASSETS	EXEMPT	NON-EXEMPT	SPONSOR ASSETS	EXEMPT	NON-EXEMPT
FINANCIAL ACCTS	0.00	0.00	FINANCIAL ACCTS	0.00	0.00
OTHER ASSETS	0.00	0.00	OTHER ASSETS	0.00	0.00
			SPONSOR DEDUCT	0.00	0.00
CS RESOURCE ALLOWANCE		0.00	CO-PAYMENT CODE	N	
BURIAL/FUNERAL FUND EXEMPT		0.00	CO-PAYMENT AMT	00000	
TOTAL NON-EXEMPT RESOURCES		0.00			

CASE HAS PASSED THE RESOURCE DETERMINATION TEST NEXT-->

S1 Reedy(T) 204.113.16.53 TA1447 13:00:34 Tue Aug 16 NUM 02:31:01 24.00%



## Medicaid Resource Determination

FCRD Screen.

Display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

FCRD MEDICAID RESOURCE DETERMINATION 16AUG05 13:05

CASE NAME: Duck, Daisy CASE NUMBER: 11111111 MONTH:

BMS SIZE:

VEHICLES	VALUE	OWED	EXEMPT	NON-EXEMPT	VEHICLE USE	SPONSOR OWNED
----------	-------	------	--------	------------	-------------	---------------

HOUSEHOLD ASSETS	EXEMPT	NON-EXEMPT	SPONSOR ASSETS	EXEMPT	NON-EXEMPT
- FINANCIAL ACCTS	0.00	0.00	- FINANCIAL ACCTS	0.00	0.00
- OTHER ASSETS	0.00	0.00	- OTHER ASSETS	0.00	0.00
			- SPONSOR DEDUCT	0.00	0.00

CS RESOURCE ALLOWANCE 0.00

BURIAL/FUNERAL FUND EXEMPT 0.00

TOTAL NON-EXEMPT RESOURCES 0.00

CASE HAS PASSED THE RESOURCE DETERMINATION TEST NEXT-->

51 Ready [1] 204.113.16.53 TA1447 13:06:38 Tue Aug 16 NUM 02:37:05 24,076

Enter to UNIE  
Screen.

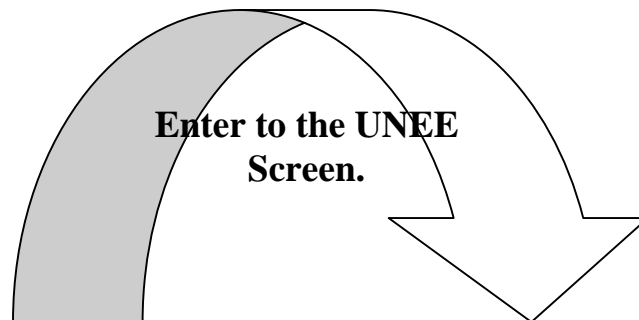
Unearned Income-Education

UNIE Screen.

	NAME	PRO	PER	TYP	T	LS	GROSS AMOUNT	UR	CAAL DATE	S	NC	TYP	T	LS	GROSS AMOUNT	UR	CAAL DATE
01	Daisy D	00															
02	Huey D	00															

MORE INCOME: \_ MORE CLIENTS: \_ RETROSPECTIVE: \_ NEXT--> \_

The Foster Child's information is entered here. No additional entry is usually needed for the baby.



## Unearned Expenses- Education

UNEE Screen

SMFP - BlueZone Mainframe Display

View Macro Script Help

UNEE UNEARNED EXPENSES - EDUCATION PROSPECTIVE 11APR06 12:52

CASE NAME: CASE NUMBER: MONTH:

NAME	REL	TY	SUB	GROSS AMOUNT	UR	CAAL DATE	TY	SUB	GROSS AMOUNT	UR	CAAL DATE
01 Daisy D	PI										
Huey D	UB										

MORE EXPENSES: MORE CLIENTS: RETROSPECTIVE: NEXT-->

S1 Ready (1) 204.113.16.53 TA2383 12:53:10 Tue Apr 11 NUM 00:07:54 07.022

The Foster Child's information is entered here.  
Additional entry for the baby will not apply.

Enter to the UNIN Screen.

## Unearned Income

UNIN Screen.

display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

UNIN UNEARNED INCOME PROSPECTIVE 16AUG05 13:18

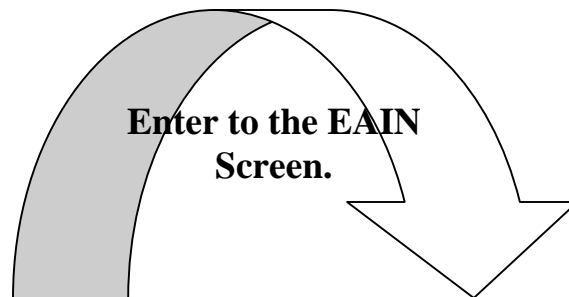
CASE NAME: **Duck, Daisy** CASE NUMBER: **11111111** MONTH:

	NAME	REL S	TYP	SUB L TYP S	MONTHLY AMOUNT	ABD AMOUNT	W S	CHP\PC AMT	UR	CAL DATE
01	<b>Daisy D</b>	PI								
02	<b>Huey D</b>	UB								

MORE INCOME: \_ MORE CLIENTS: \_ RETROSPECTIVE: \_ NEXT--> \_

\$1 Ready [1] 204.113.16.53 TA1447 13:18:50 Tue Aug 16 NUM 02:49:25 08.024

The Foster Child's information is entered here. Additional entry for the baby does not usually apply.



## Earned Income

EAIN Screen.

Display WSMFP - BlueZone Mainframe Display

Transfer View Macro Script Help

EAIN 16AUG05 13:22

EARNED INCOME PROSPECTIVE

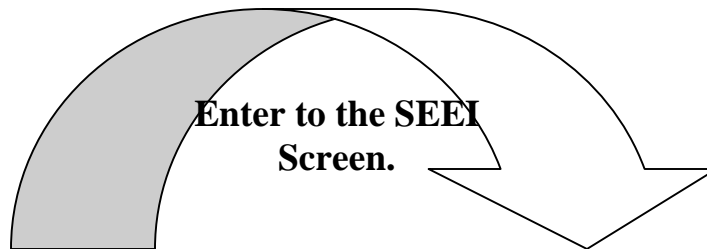
CASE NAME: Duck, Daisy CASE NUMBER: 11111111 MONTH:

NAME	RELN	S	W	T	SUB	MONTHLY AMOUNT	MONTHLY HOURS	ABD	W	CHP\PC	CAAL DATE
		C			Y TYP LS			AMOUNT	S	AMT	VR
01 Daisy D	PI					TOTAL:					
						TOTAL:					
						TOTAL:					
02 Huey D	UB					TOTAL:					
						TOTAL:					
						TOTAL:					

MORE INCOME: MORE CLIENTS: RETROSPECTIVE: NEXT-->

[S1] [Ready [1]] [204.113.16.53] [TA1447] [13:23:21 Tue Aug 16] [NUM] [02:53:40] [00.021]

The Foster Child's information is entered here.  
Additional entry for the baby is not usually necessary.



**\*Note:** If the foster child is employed and the earned income is posted on the EAIN screen, the next screen displayed will be the EMIN screen for the employer information. See NB+ Section for a guide to the EMIN screen.

## Self-Employment Income

SEEI Screen.

WSMFP - BlueZone Mainframe Display

View Macro Script Help

SEEI SELF EMPLOYMENT INCOME PROSPECTIVE 16AUG05 13:27

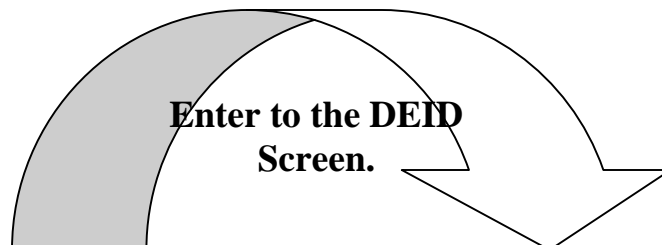
CASE NAME: **Daisy, Daisy** CASE NUMBER: **11111111** MONTH:

NAME	SANCTION W	REL	CODE	S	TYPE	LS	MONTHLY AMOUNT	MONTHLY HOURS	W	CHP\PC	AMT	CAAL	DATE
01 Daisy D	PI	—	—	—	—	—	—	—	—	—	—	—	—
02 Huey D	UB	—	—	—	—	—	—	—	—	—	—	—	—

MORE INCOME: \_ MORE CLIENTS: \_ RETROSPECTIVE: \_ NEXT--> \_

S1 Ready (2) 204.113.16.53 TA1447 13:30:04 Tue Aug 16 NUM 03:00:31 08.027

The Foster Child's information is entered here. No additional entry is usually needed for the baby.





## Deemed Income Deductions

DEID Screen.

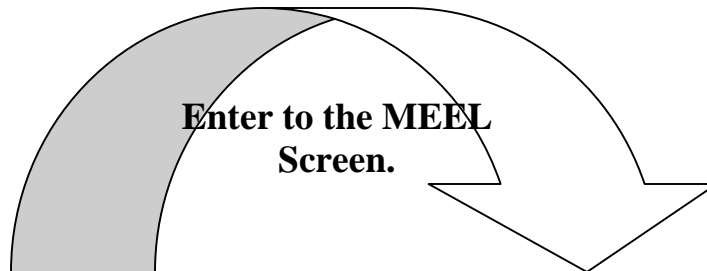
DEID DEEMED INCOME DEDUCTIONS PROSPECTIVE 16AUG05 13:33

CASE NAME: Duck, Daisy CASE NUMBER: 11111111 MONTH:

	NAME	RL	PT	DEP	SF	CD	U	MONTHLY AMOUNT	ABD AMOUNT	CARL DATE
01	Daisy D	PI								
02	Huey D	UB								

MORE CLIENTS: RETROSPECTIVE: NEXT-->

The Foster Child's information is entered here. No additional entry is usually needed for the baby.



## Medical Expense Log

MEEL Screen.

MEEL MEDICAL EXPENSE LOG 16AUG05 13:40  
LISTS ALL EXPENSES ENTERED  
CASE NAME: Duck, Daisy CASE NUMBER: 11111111  
BENEFIT MONTH:  
POS CLIENT BEG DAT END DAT DU MD ST PAID TOTAL CLIENT TYP  
APP NAME SERVICE SERVICE HM CV CV DATE EXPENSE OBLIGAT SRV  
SELECT FOR EDIT : (ENTER 99 FOR NEW EXPENSE)  
POS: BEG DAT: NEXT-->

The Foster Child's information is entered here. No additional entry is usually needed for the baby.

Enter to the EXPE  
Screen.

EXPE Screen.

Expense Prospective

EXPE

EXPENSE PROSPECTIVE

16AUG05 13:54

CASE NAME: **Duck, Daisy**

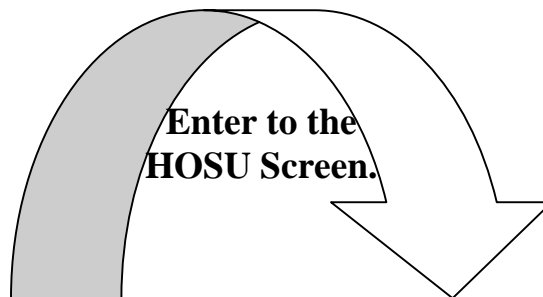
CASE NUMBER: **11111111** MONTH: **CAAL DATE**

	NAME	REL	U	S	TY	SUB	MONTHLY AMOUNT	CASE NUMBER	ABD AMOUNT	UR	MONTH: CAAL DATE
01	Daisy D	PI	-	-	-	-	-	-	-	-	-
02	Huey D	UB	-	-	-	-	-	-	-	-	-

MORE EXPENSES: \_ MORE CLIENTS: \_ RETROSPECTIVE: \_ NEXT--> \_

S1 Ready [T] 2041131653 TA1447 13:55:19 Tue Aug 16 NUM 03:25:46 08.027

The Foster Child's information is entered here. No additional entry is usually needed for the baby.



## Household Summary

HOSU Screen.

Screen may be  
more than 1 page.

The screenshot shows a mainframe display window titled "S1 - ws - Mainframe Display WSMFP - BlueZone Mainframe Display". The window contains a menu bar (File, Edit, Session, Options, Transfer, View, Macro, Script, Help) and a toolbar. The main display area shows the "HOSU" screen, which is a "HOUSEHOLD SUMMARY - PAGE 1 OF 1" dated "16AUG05 14:01". The screen is titled "PROSPECTIVE". It displays case information: "CASE NAME: Duck, Daisy", "TELEPHONE: 000-000-0000", "MESSAGE PHONE:", "CASE NUMBER: 11111111", and "MONTH:". Below this, it shows "RESIDENCE: Address of the foster home or placement" and "MAILING ADDRESS: Address of the DCFS or DJJS caseworker". A table titled "HOUSEHOLD MEMBERS" lists two members: "Duck, Daisy" and "Duck, Huey". The table has columns for SSN, REL, DOB, AGE, COD, DEP, and various demographic codes (PT, FEP, WK, EM, GA, WTE, RQ, MOS, MO, EX, MO, MOS). At the bottom, there are navigation instructions: "PF3 TO GO TO PAGE 1", "PF7 TO PAGE BACKWARD", and "NEXT-->".

HOUSEHOLD MEMBERS	SSN	REL	DOB	AGE	COD	DEP	PT	FEP	WK	EM	GA	WTE
Duck, Daisy	111-11-1111	PI	19FEB1990	15	QTH	DV		0	0	0	0	0
Duck, Huey	000 00 0000	UB	01FEB2006	00	WOT			0	0	0	0	0

Display of PACMIS case information.

Enter through the  
HOSU screens to  
FCEx screen.

## Medicaid Excess Determination

FCEX Screen.

display WSMFP - BlueZone Mainframe Display

transfer View Macro Script Help

FCEX (FCR) MEDICAID EXCESS DETERMINATION 16AUG05 14:13

CASE NAME: **Duck, Daisy** CASE NUMBER: **11111111** MONTH

BMS SIZE:

EMPLOYMENT INCOME	:	0.00	EDUCATION INCOME	:	0.00
SELF-EMPLOYMENT INCOME	:	0.00	DEEMED INCOME	:	0.00
TOTAL EARNED	:	0.00	OTHER UNEARNED INCOME	:	0.00
			TOTAL UNEARNED	:	0.00
			NET INCOME	:	0.00
WORK ALLOWANCE	:	0.00	OTHER INCOME DEDUCTION	:	0.00
30 + 1/3 DISREGARD	:	0.00	COUNTABLE INCOME	:	0.00
\$30 DISREGARD	:	0.00	POVERTY LEVEL	:	1061.00
DEP. CARE DEDUCTION	:	0.00	MEDICAL EXCESS	:	0.00
TOTAL DEDUCTIONS	:	0.00	AVAILABLE EXPENSES	:	0.00
			SELECTED EXPENSES	:	0.00
			CASH/USED EXPENSES	:	0.00
			AMOUNT OWED (MEES)	:	0.00

BENEFIT AUTHORIZATION : **Worker's PIN**

ISSUANCE REASON: RE ISSUANCE INDICATOR: PI

REVIEW DUE DATE: **Review Date**

HOLD REMINDER DATE:

HOLD REASON:

CORRECTION - IS ELIGIBLE, NO CHANGE IN MEDICAL EXCESS.

BUS PASS: N

PAYEE SETUP REQ: N

NEXT-->

S1 Ready [T] 204113:16:53 TA1447 14:14:45 Tue Aug 16 NUM 03:45:12 24, 076

Worker's PIN entered for benefit authorization.  
Review date is entered for FC case at the time of the initial determination.  
The Medicaid benefit must be authorized with the worker's PIN on the FCEX and the PNIE Screen.  
**Make sure you enter your PIN in both places.**

Enter to the PNIE  
Screen.

**Prenatal Income Eligibility**

PNIE Screen.

ay WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

PNIE PRENATAL INCOME ELIGIBILITY 16AUG05 14:19

CASE NAME: **Duck, Daisy** CASE NUMBER: **11111111** MONTH:  
HM SIZE: MONTH DETERMINED ELIGIBLE:

EMPLOYMENT INCOME	:	0.00	EDUCATION INCOME	:	0.00
SELF-EMPLOYMENT INCOME	:	0.00	DEEMED INCOME	:	0.00
TOTAL EARNED INCOME	:	0.00	OTHER UNEARNED INCOME	:	0.00
WORK ALLOWANCE	:	0.00	TOTAL UNEARNED INCOME	:	0.00
30 AND 1/3 DISREGARD	:	0.00			
DEPENDENT CARE DEDUCTION	:	0.00	NET INCOME	:	0.00
TOTAL DEDUCTIONS	:	0.00	MAXIMUM INCOME LIMIT	:	1061.00

BENEFIT AUTHORIZATION: **Worker's PIN**

ISS REASON: RE ISS INDICATOR: PI BUS PASS: N PAYEE SETUP REQ: N  
REVIEW DUE DATE: **Review date entered**  
HOLD REASON:  
HOLD REMINDER DATE:

CORRECTION - IS ELIGIBLE NEXT-->

\$1 Ready [1] 2041131653 TA1447 14:23:41 Tue Aug 16 NUM 03:54:00 24.07%

Worker's PIN is entered here to authorize the Prenatal Benefit for the baby. Review month is also entered. PACMIS will mail a review for the PN prior to the 60-day expiration.

Enter to the  
MEES Screen.

**Medical Expense Selection**

MEES Screen.

ay WSMFP - BlueZone Mainframe Display

\* INFO \* NO MEDICAL EXCESS OWED FOR THIS CASE  
MEES MEDICAL EXPENSE SELECTION 16AUG05 14:31  
EXPENSES SELECTED/USED TOWARD SPENDDOWN  
CASE NAME: Duck, Daisy CASE NUMBER: 11111111  
BENEFIT MONTH:  
PG MEDICAL DEDUCTIONS INCURRED AMOUNT CASH  
TP EXCESS SELECTED/ USED SELECTED/ USED REMAINING PAYMENT DATE MET

PS	CLNT	BEG	DAT	END	DAT	O	M	S	P	TOTAL	CLIENT	AVAIL	I	USE	USE	USE
AP	NAME	SERVICE	SERVICE	H	C	C	D			EXPENSE	OBLIGAT	AMOUNT	D	ORD	AMOUNT	TYP
>>> END OF EXPENSE LIST <<<																

PAGE CODE: (TOP OF LIST=T, NEXT PAGE=N, PREV PAGE=P) USE ONLY EXP SEL:  
AUTH PCN: MORE PRG: NEXT-->

\$1 Ready [1] 2041131653 TA1447 14:33:54 Tue Aug 16 NUM 04:04:21 24.076

Medical expenses used in the Foster Care case  
to reduce or eliminate a spenddown.

Enter to the PNED  
Screen.

## PN Eligibility Determination

PNED Screen.

WSMFP - BlueZone Mainframe Display

View Macro Script Help

PNED PN - ELIGIBILITY DETERMINATION 16AUG05 14:36

CASE NAME: ELIGIBILITY FACTOR HOUSE-HOLD CASE NUMBER: MONTH:

	OU	TN
	Daisy	Huev
CITIZENSHIP	PASS	PASS
RESIDENCY	PASS	FAIL
SOCIAL SECURITY	PASS	PASS
TPL CO-OPER	PASS	????
DOS-COOP	PASS	????
INCOME	PASS	N/A
PREGNANCY	PASS	FAIL
RESOURCES	PASS	N/A

INELIGIBILITY DATE :  
DENIAL CLOSURE REASON: AUTHORIZED: MORE FACTORS: MORE CLIENTS:  
PASSED - ELIGIBLE FOR BENEFITS

NUM 04:00:29 23.060

Baby is coded "IN"  
and is eligible for PN  
Medicaid benefits.

To close or deny the PN benefits enter the  
denial reason and then a "Y" to authorize.  
\*\*See the PACMIS Quick Reference for a  
list of Denial/Closure reasons.

Enter to FCED or  
FCMA Screen.

## FC Eligibility Determination



FCED Screen

FC - ELIGIBILITY DETERMINATION 16AUG05 14:44

CASE NAME: **Duck, Daisy** CASE NUMBER: **11111111** MONTH:

ELIGIBILITY FACTOR HOUSE-HOLD INDIVIDUALS

RESIDENCY	PASS	PASS	PASS
CITIZENSHIP	PASS	PASS	PASS
SOCIAL SECURITY	PASS	PASS	PASS
CLIENT AGE	PASS	PASS	PASS
TPL CO-OPER	PASS	PASS	????
RESOURCES	PASS	N/A	N/A

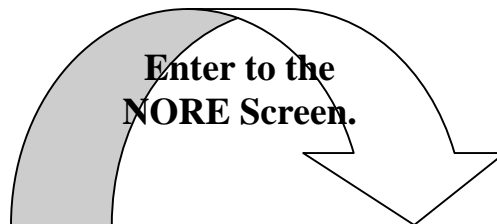
Daisy is coded "IN" and is eligible for FC Medicaid benefits.

INELIGIBILITY DATE :  
DENIAL CLOSURE REASON:  
PASSED - ELIGIBLE FOR BENEFITS

AUTHORIZE: MORE FACTORS: MORE CLIENTS: NEXT-->

\$1 Ready [1] 2041131653 TA:447 14:49:30 Tue Aug 16 NUM 04:20:05 23.060

To close or deny the FC Medicaid benefit enter the Denial/Closure reason and a "Y" to authorize.  
\*\*See the **PACMIS Quick Reference** for a list of Denial/Closure reasons.



**Notice Request**

NORE Screen.

NORE NOTICE REQUEST 16AUG05 14:57

CASE NAME: Duck, Daisy CASE NUMBER: 11111111

CHNG(C)	NOTICE	BENEFIT	DEL(D)	TYPE	MONTH	PGM	WKCR	SITUATION

Send the appropriate notice  
MMAA - Medical Assistance Approved.

OTHERS: \_\_\_\_\_

MORE SITUATIONS: N NEXT--> \_\_\_\_\_

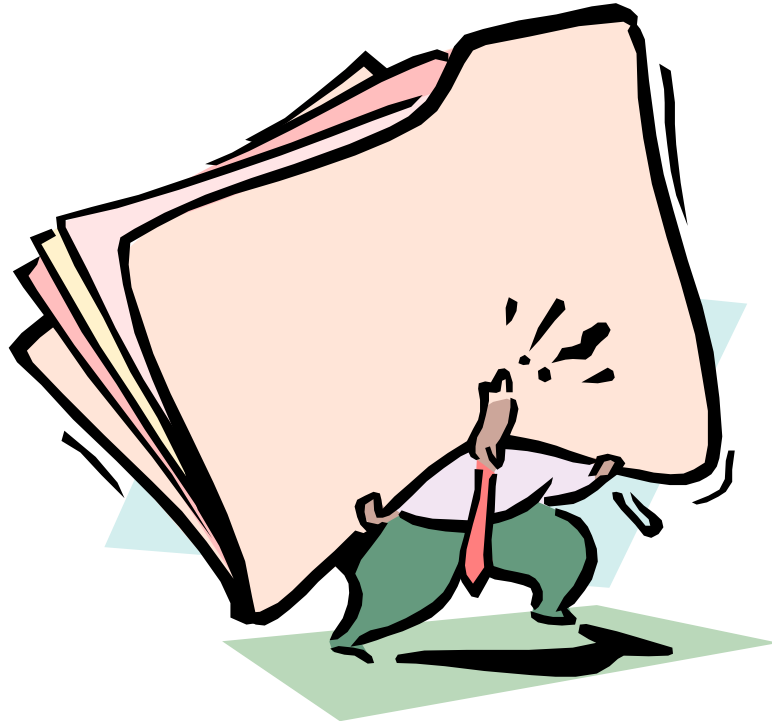
S1 Ready [1] 2041131653 TA1447 14:57:59 Tue Aug 16 NUM 04:20:26 20.015

Enter back to  
INME Screen.

Under normal circumstances, during the month the pregnancy is verified, PACMIS rollover has already created a month in the future. The process to add the unborn to the existing case affects only the current month and the information does not exist in the month that has already rolled over. In order to transfer this information to the following month, the worker must delete that month and recopy details to the new month. This process can only be done if benefit select for the new month has not yet occurred.

If the pregnancy verification is received after the “Monthly Benefit Select”, the unborn must be added to the case for that month. Since benefits for the following month have been generated. PACMIS will not allow the “Deleted Month” function to be used. You must repeat the procedure for adding the unborn to the case for the following month and authorize benefits for that month.

- ✚ All case actions must be documented on the CAAL screen. See “Opening a Medicaid Case” section for details on the CAAL screen.
- ✚ A copy of the CAP2 listing the Unborn should be printed and added to the case file.
- ✚ The worker may set alerts for the PN case on the EWAL screen. PACMIS will automatically send an alert for the birth of the baby at the time of the expected DOB.



## **Removing Household Members from a PACMIS Case**

The actions to remove a household member should be completed the month following receipt of their last benefits, and only if they are being removed from all program types.

## Inquiry Menu

INME Screen.

INME INQUIRY MENU 20SEP05 12:37 LINDA M

1. PRIOR CONTACT CHECK	12. CHILD CARE BENEFIT HISTORY
2. CASE PROFILE	13. ACTION HISTORY
3. HOUSEHOLD SUMMARY	14. CHILD SUPPORT SUMMARY
4. FINANCIAL ISSUANCE HISTORY	15. NOTICE HISTORY
5. FOOD STAMP ISSUANCE HISTORY	16. WORKER NOTICE HISTORY
6. CHILD CARE ISSUANCE HISTORY	17. INTERFACE INQUIRY
7. SPECIAL PNTS ISSUANCE HISTORY	18. BUY-IN INQUIRY
8. MED EXCESS PAYMENT HISTORY	19. NEW HIRES REGISTRY INQUIRY
9. FINANCIAL BENEFIT HISTORY	20. REVIEW MENU
10. FOOD STAMP BENEFIT HISTORY	21. STATE ONLINE QUERY SYSTEM
11. MEDICAL BENEFIT HISTORY	22. TIME-LIMITED BENEFITS INQUIRY

ENTER FUNCTION (BY NUMBER):     
CASE NUMBER (FOR 2-16):             
BUDGETING METHOD (FOR 3 ONLY): P  
CLIENT SSN (FOR 17,18,19,21):         
BENEFIT MONTH :       

NEXT SEPA

S1 Ready (1) 204.113.16.53 TA3997 13:45:52 Tue Sep 20 NUM 01.08.06 17,053

Enter the case number and the benefit month.

Type "SEPA" at the "NEXT" prompt.

Enter.

Setup Participation

SEPA Screen.

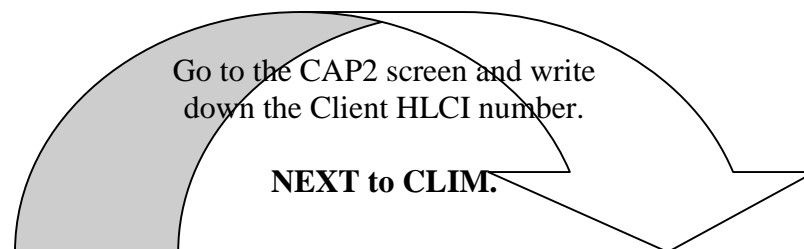
SEPA SETUP PARTICIPATIONS 20SEP05 13:53

CASE NAME:	PGM	CAT/	START	INELG	INELG	CASE NUMBER:	PGM	CAT/	START	INELG	INELG		
NAME	REL	SUB	COV	PART	DAY	RSN	DATE	SUB	COV	PART	DAY	RSN	DATE
01 S	R	PI	FC	C	IN	1		PN		OU	1		
02 H	R	UB	FC	C	OU	1		PN		OU	1		

SPECIAL PROJECT INDICATOR-->  
HH TAX DEP: MORE PROGRAMS: MORE CLIENTS: NEXT-->

Change the "IN" to "OU"  
for the client that is no  
longer a member of the  
household.

You must "roll through" all the screens for the case in this benefit month to record the change in the household composition. Authorize the appropriate benefits and send the appropriate notices.



**Client Inquiry/Maintenance Menu**

CLIM Screen.

```
CLIM CLIENT INQUIRY/MAINTENANCE MENU 20SEP05 14:30 LINDA M

1. INQUIRE ON PERSON 5. DELETE CLIENT FROM PROGRAM
2. RESTART CLIENT INQUIRY 6. CHANGE CLIENT IDENTIFYING DATA
3. ADD NEW CLIENT TO CASE 7. NOT AVAILABLE
4. ADD EXISTING CLIENT TO CASE 8. DELETE CLIENT FROM PACMIS

SELECT FUNCTION (BY NUMBER) 1

ENTER ONE OF THE FOLLOWING:
1) IDENTIFYING CLIENT INFORMATION:
   SURNAME: _____ IF PARTIAL, ENTER Y : _
   GIVEN NAME (OR INITIAL): _____ MIDDLE INITIAL: _
   SSN: _____
   BIRTHDATE (DDMMYYYY): _____ OR AGE: ____ SEX: _
2) CLIENT IDENTIFI 000000000

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY): _____
PROGRAM (FUNCTION 3, 4 AND 5 ONLY) = TYPE: _____
BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY) (DDMMYY): _____
BENEFIT MONTH OR PERIOD END (FUNCTION 3, 4, AND 5) (MMYY): _____
```

Select the **“Inquire on Client”** Function **“1”** and enter the **Client HL CI** for the household member being removed.

Enter to CLPR  
Screen.

**Client Profile**

CLPR Screen.

BlueZone Mainframe Display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

\* INFO \* END OF PROGRAM INVOLUEMENTS

CLPR CLIENT PROFILE 20SEP05 14:38

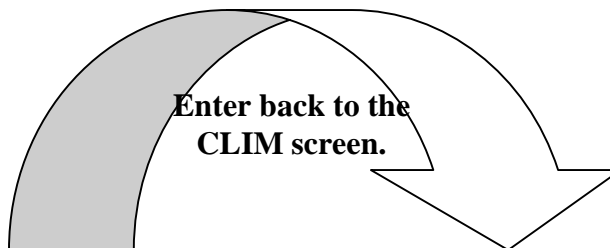
NAME/ALIASES CLIENT ID: 000000000 8 --SYSTEMS--  
R , H J S.S.N.: 000 00 0000 UR: P:D:U:U  
R , U BIRTHDATE: 11AUG2005 A:R:S:W  
SEX: M Y Y  
ALERTS:

PGM	PART	CASE	PART	PART	STAT	PRIMARY	DEN	GRP
CODE	START	NUMBER	END	END	STAT	DRO TEAM CSLO REL CLO ALERT CUR		
01 PN IN	01JUN05		30SEP05	CL		1 02 UB		
02 PN IN	01MAY05		01MAY05	DE		2 07 UB NI		

TO INQUIRE ON A SPECIFIC PGM INVOLUEMENT, ENTER ITS SEQUENCE NUMBER: \_  
TO INQUIRE ON TIME-LIMITED BENEFITS, ENTER Y: \_  
TO SELECT THIS CLIENT FOR MAINTENANCE, ENTER Y: **Y** NEXT--> \_

S1 Ready (1) 204.113.16.53 TA3997 14:39:07 Tue Sep 20 NUM 02:01:21 23.055

Enter a “Y” to select this client for maintenance.



**Client Inquiry/Maintenance**

CLIM Screen.

```
CLIM                                CLIENT INQUIRY/MAINTENANCE MENU                                20SEP05 15:07
                                                                                               LINDA M

1.  INQUIRE ON PERSON                                5.  DELETE CLIENT FROM PROGRAM
2.  RESTART CLIENT INQUIRY                            6.  CHANGE CLIENT IDENTIFYING DATA
3.  ADD NEW CLIENT TO CASE                            7.  NOT AVAILABLE
4.  ADD EXISTING CLIENT TO CASE                        8.  DELETE CLIENT FROM PACMIS

                SELECT FUNCTION (BY NUMBER) 5 1

ENTER ONE OF THE FOLLOWING:
  1) IDENTIFYING CLIENT INFORMATION.
      SURNAME: FOSTER CHILD'S IF PARTIAL, ENTER Y :
      GIVEN NAME (OR INITIAL): BABY MIDDLE INITIAL:
      SSN:
      BIRTHDATE (DDMMYYYY): OR AGE: SEX:
  2) CLIENT IDENTIFIER: 00000000

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY): 00000000
PROGRAM (FUNCTION 3, 4 AND 5 ONLY) TYPE: PN
BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY) (DDMMYY):
BENEFIT MONTH OR PERIOD END (FUNCTION 3, 4, AND 5) (MMYY): 30SEP06
```

Enter Function “5”, “Delete Client From Program”.

Enter case number, program type and benefit month end date. A client cannot be deleted from PACMIS during a month in which they have received benefits.

Household member has now been removed from the PACMIS case. Print a new CAP2 screen for your eligibility file.

## Newborn + (NB+) PACMIS Procedures



## Client Inquiry/Registration Menu Entry

CLIR Screen

CLIR CLIENT INQUIRY/REGISTRATION MENU 06JUN05 13:34

1. INQUIRE ON PERSON
2. SAVE NEW CLIENT FOR REGISTRATION
3. REGISTER APPLICATION WITH EXISTING CASE NUMBER
4. REGISTER APPLICATION WITH NEW CASE NUMBER
5. REGISTER RECERTIFICATION/REVIEW
6. DELETE PREVIOUSLY SAVED PERSONS

SELECT FUNCTION (BY NUMBER): 1  
ENTER ONE OF THE FOLLOWING (FUNCTION AND 2 ONLY);

1. IDENTIFYING CLIENT INFORMATION:  
SURNAME: \_\_\_\_\_ IF PARTIAL, ENTER Y : \_  
GIVEN NAME (OR INITIAL): \_\_\_\_\_ MIDDLE INITIAL: \_  
SSN: \_\_\_\_\_  
BIRTHDATE (DDMMYYYY): \_\_\_\_\_ OR AGE: \_\_\_\_ SEX: \_
2. CLIENT IDENTIFIER: 000000000

ENTER EXISTING CASE NUMBER (FOR FUNCTIONS 3 AND 5): \_\_\_\_\_  
ENTER PRIMARY DEPT/REG/OFF,TEAM, CASELOAD (FOR FUNCTION 4): \_\_\_\_\_

Select **Function “1”,  
“Inquire on Person”**.

Enter Client’s Identifying Information  
**Surname**  
**Given Name**  
**SSN**  
**Birth date**  
**Client Identifier**

Enter to  
CLPR Screen.

## Client Profile

CLPR Screen.

BlueZone Mainframe Display

Connections: Mainframe Display HSMFP

AltFn PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07

\* INFO \* END OF PROGRAM INVOLVEMENTS

CLPR CLIENT PROFILE 06JUN05 13:51

NAME/ALIASES CLIENT 000000000 0 3 --SYSTEMS--

Duck, Daisy S.S.N.: 000 00 0000 VR: P:O:U:U

BIRTHDATE: 30OCT1988 A:R:S:U

SEX: F Y Y Y

ALERTS:

PGM	PART CODE	CASE NUMBER	PART START	PART END	STAT	DRD	TEAM	CSLD	REL	DEN	CLO	ALERT	GRP
01	FC	IN	01OCT04	01OCT04	DE	SMP	1	03	PI	NC			

TO INQUIRE ON A SPECIFIC PGM INVOLVEMENT, ENTER ITS SEQUENCE NUMBER: \_\_\_\_\_

TO INQUIRE ON TIME-LIMITED BENEFITS, ENTER Y \_\_\_\_\_

TO SAVE THIS CLIENT FOR REGISTRATION, ENTER Y Y

NEXT--> \_\_\_\_\_

AltFn Clear E EOF E Input PF13 PF14 PF15 PF16 PF17

PF18 PF19 PF20 PF21 PF22 PF23 PF24 Reset SysReq

Is this the person you are searching for?  
If "yes", enter a "Y",  
If "no", F9 out. Reenter the identifying  
information and search again.

### \*\*\*REMEMBER\*\*\*

Use the Foster Care or Subsidized Adoption PACMIS  
case number when opening a NB+ case for the  
18 year old youth.

Enter to the CLIR Screen.

## Client Inquiry/Registration Menu

CLIR Screen.

Message on CLIR screen when client is successfully saved.

CLIENT SAVED FOR REG.

CLIR CLIENT INQUIRY/REGISTRATION MENU 06JUN05 13:55

1. INQUIRE ON PERSON
2. SAVE NEW CLIENT FOR REGISTRATION
3. REGISTER APPLICATION WITH EXISTING CASE NUMBER
4. REGISTER APPLICATION WITH NEW CASE NUMBER
5. REGISTER RECERTIFICATION/REVIEW
6. DELETE PREVIOUSLY SAVED PERSONS

SELECT FUNCTION (BY NL) 3  
ENTER ONE OF THE FOLLOWING (FUNCTION 3 AND 2 ONLY);

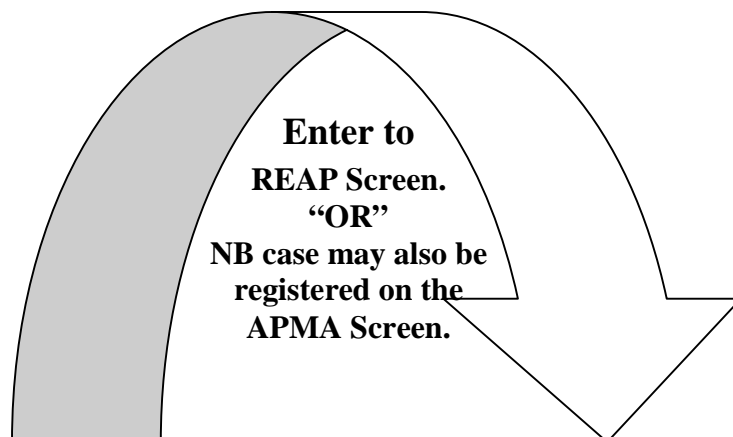
1. IDENTIFYING CLIENT INFORMATION:  
SURNAME: \_\_\_\_\_ IF PARTIAL, ENTER Y : \_  
GIVEN NAME (OR INITIAL): \_\_\_\_\_ MIDDLE INITIAL: \_  
SSN: \_\_\_\_\_  
BIRTHDATE (DDMMYYYY): \_\_\_\_\_ OR AGE: \_\_\_\_ SEX: \_
2. CLIENT IDENTIFIER: \_\_\_\_\_

ENTER EXISTING CASE NUMBER (FOR FUNCTIONS 3 AND 4) 00000000  
ENTER PRIMARY DEPT/REG/OFF,TEAM, CASELOAD (FOR FUNCTION 4): \_\_\_\_ \_

AltFn Clear E EOF E Input PF13 PF14 PF15 PF16 PF17  
PF18 PF19 PF20 PF21 PF22 PF23 PF24 Reset SvrRa

Select Function "3",  
"Register Application With  
Existing Case Number".

Enter case number for previous  
FC or SA Medicaid case.



## Register Application

REAP Screen.

REAP REGISTER APPLICATION 06JUN05 14:05

CASE NAME: CASE NUMBER:

PRIMARY DEPT/REG/OFF: SMP TEAM: 1 CASELOAD: 03

DRUG/ALCOHOL REHAB: N

EXPEDITED F.S.: 1 2 3 4 5 6

PROGRAMS APPLIED FOR: 1 2 3 4 5 6

APP RECEIVED DATE: 1 2 3 4 5 6

BEN EFFECTIVE DATE: 1 2 3 4 5 6

MEDICAID CATEGORY: 1 2 3 4 5 6

MEDICAID COVERAGE GRP: 1 2 3 4 5 6

CLIENT NAME DOB S.S.N. SEX REL APP POS

30OCT1988 F PI 01

ADDRESS INFORMATION TO BE ENTERED? : Y

Alt Clear E EOF E Input PF13 PF14 PF15 PF16 PF17

PF18 PF19 PF20 PF21 PF22 PF23 PF24 Reset SrvRt

Program Applied for = NB

Application Received Date.  
&  
Benefit Effective Date.

No Medicaid category  
required for NB program.

Next to the  
ADDR Screen.

## Application Maintenance

APMA Screen.

APMA APPLICATION MAINTENANCE 21SEP05 11:47

CASE NAME: **Duck, Daisy** CASE NUMBER: 00000000  
PRIMARY DEPT/REG/OFF: TEAM: CASELOAD:

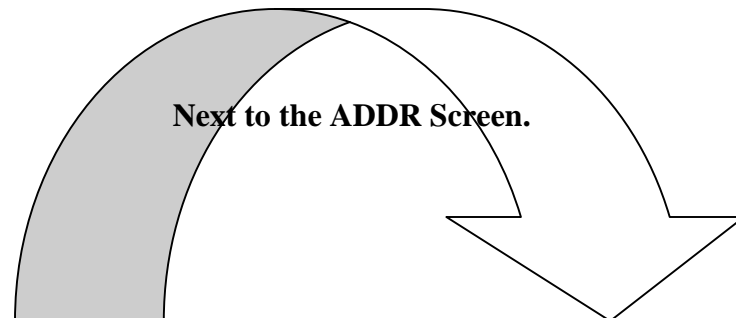
EXPEDITED FS : DISCOVERY DATE : DRUG/ALCOHOL REHAB :

PROGRAM TYPE	SUB	CAT	MED COV	APPLICATION RECEIVED DATE	BEN EFFECTIVE DATE	PROGRAM STATUS
FC	—	F	—	02Feb02	01Jan02	C1
NB	—	—	—	22Sep05	01Oct05	—
—	—	—	—	—	—	—
—	—	—	—	—	—	—
—	—	—	—	—	—	—

NEXT-->

Attn: Case: E-01 E Input PF13 PF14 PF15 PF16 PF17  
PF10 PF11 PF20 PF21 PF22 PF23 PF24 Back SpRt  
ST Ready (7) 284.113.303 TA4811 11:40:04 Wed Sep 21 NLH 00:01:19 12,002

Program Type - **NB**  
Application Received Date  
Benefit Effective Date - **First Day of the Month following closure of the FC Medicaid case.**



## Address

ADDR Screen.

ADDR ADDRESS 22SEP05 11:00

CASE NAME: TELEPHONE: 801 000 0000 MESSAGE PHONE: CASE NUMBER: MINOR PARENT LIVING ARRANGE: CITY ST ZIP ZIP+4 CO 0000

RESIDENCE : Address where the foster child will be living after custody termination SPECIAL HOUSING TYPE: MAILING ADDRESS : Mailing address for the foster child after custody is terminated MED BEN ADDRESS : MED PAYEE: MED REPRESENTATIVE: DCFS or DJJS Eligibility Worker's Name 2ND PARTY ADDRESS : ----- NATIVE AMERICAN SPECIFIC INFORMATION ----- TRIBAL CODE: LIVING ON RESERVATION (Y/N): SEARCH DATE--> ADDR HST: ABAWD EFF. DATE: NEXT-->

Update the **residence** and **mailing** addresses. The Medicaid card and reviews will need to be mailed to the youth.

Adding your name in the Med Representative field allows the BES or DWS worker to contact you and talk about the case.

Special Housing Codes

<b>B</b> - Provo	<b>C</b> - SL Co
<b>E</b> - Elderly	<b>H</b> - Homeless
<b>O</b> - Ogden	<b>S</b> - SLC
<b>W</b> - WVC	<b>R</b> - Rent Subsidy
<b>U</b> - Utah Co	<b>T</b> - Tooele Co
<b>N</b> - None	

Tribal Codes

<b>A</b> - Aleut	<b>G</b> - Goshute	<b>N</b> - Navajo
<b>O</b> - Other	<b>P</b> - Piute	<b>U</b> - Ute
<b>S</b> - South Mountain Ute		

Enter to "Cleanse" the address, then proceed to the INDA Screen.

## Interview Data

INDA Screen.

NO PROGRAM INVOLVEMENTS FOUND FOR THIS CASE

INTERVIEW DATA 22SEP05 11:24

CASE NAME: Duck, Daisy CASE NUMBER: 00000000

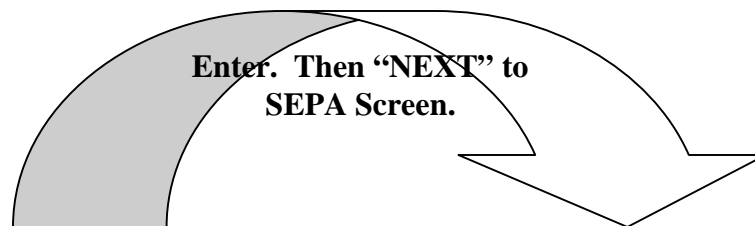
PROGRAMS: NB

INTERVIEW DATE: 22SEP05 11:24  
RESCHEDULED: Y  
COMPLETED: Y

NEXT-->

Enter "Y".

Format- 01Aug05.



See "Opening a Medicaid Case" in this PACMIS Guide or the PACMIS Quick Reference for details for the SEPA, ETRC, SSDO, MASD, PRAW, FIAC, VEHI AND THE OTAS Screens.

## Medicaid Resource Determination

NBRD Screen  
for NB cases.

**NBRD** **MEDICAID RESOURCE DETERMINATION** 22SEP05 11:38

CASE NAME: Duck, Daisy CASE NUMBER: 00000000 MONTH:

BMS SIZE: Will reflect the HH size

VEHICLES	VALUE	OWED	EXEMPT	NON-EXEMPT	VEHICLE USE	SPONSOR OWNED
----------	-------	------	--------	------------	-------------	---------------

HOUSEHOLD ASSETS	EXEMPT	NON-EXEMPT	SPONSOR ASSETS	EXEMPT	NON-EXEMPT
FINANCIAL ACCTS	Total of assets values will		FINANCIAL ACCTS	0.00	0.00
OTHER ASSETS	be listed here		OTHER ASSETS	0.00	0.00
			SPONSOR DEDUCT	0.00	0.00

CS RESOURCE ALLOWANCE 0.00

BURIAL/FUNERAL FUND EXEMPT 0.00

TOTAL NON-EXEMPT RESOURCES 0.00

**CASE HAS PASSED THE RESOURCE DETERMINATION TEST** NEXT-->

ST Ready (1) 204.113.16.53 TA1173 11:39:18 Thu Sep 22 NUM 00:30:35 24.07%

If case has passed the asset requirements this message will appear at the bottom of the NBRD Screen.

See “Opening a Medicaid Case” in this PACMIS Guide or the *PACMIS Quick Reference* for details for the **UNIE**, **UNEE**, **UNIN**, **EAIN**, **SEEI**, **DEID**, and **EXPE** screens. If earned income is entered the **EMIN** screen will follow the **EAIN** screen. The **HOSU** Screens will display after the **EXPE** Screen.



## Employment Information

EMIN Screen.

The screenshot shows a mainframe-style terminal window titled 'play WSMFP - BlueZone Mainframe Display'. The screen displays the 'EMIN' screen with the following information:

- Case Number: 00000000
- Client Number: 00000000
- Benefit Month: (blank)
- Client Name: Duck, Daisy

Below this, there are three sections for entering employment information, each with the following fields:

- 1) INCOME TYPE: INC. SUBTYPE: INCOME AMOUNT: EMPLOYER: ADDRESS: CITY: STATE: ZIP: HOURLY WAGE: JOB TYPE: STATUS: HIRE MONTH: EMPLOYMENT BENEFITS: TERMINATION REASON:
- 2) INCOME TYPE: INC. SUBTYPE: INCOME AMOUNT: EMPLOYER: ADDRESS: CITY: STATE: ZIP: HOURLY WAGE: JOB TYPE: STATUS: HIRE MONTH: EMPLOYMENT BENEFITS: TERMINATION REASON:
- 3) INCOME TYPE: INC. SUBTYPE: INCOME AMOUNT: EMPLOYER: ADDRESS: CITY: STATE: ZIP: HOURLY WAGE: JOB TYPE: STATUS: HIRE MONTH: EMPLOYMENT BENEFITS: TERMINATION REASON:

At the bottom, it says 'PAGE 1 OF 1' and 'NEXT-->'. The status bar at the very bottom shows 'S1 Ready [2] 200.113.16.53 TA1173 11:51:55 Thu Sep 22 NUM 00:51:12 07.017'.

Enter Employer Information.  
PACMIS will calculate hourly wage with  
information from the EAIN screen.

Employment Benefits  
**ME** - Medical Benefits  
**NO** - No Benefits  
**TO** - Total Benefits

Job Type  
**AG** - Agricultural  
**MA** - Manual labor  
**CL** - Office Clerk  
**SV** - Service Occupations  
**MS** - Miscellaneous

Job Status  
**AP** - Applied  
**FT** - Full time  
**PT** - Part time  
**TE** - Temporary

After the employer information is entered, PACMIS will search for  
matching employers. If a match is found, select the appropriate  
employer from the displayed list.

## Newborn Income Eligibility

**NBIE** **NEWBORN INCOME ELIGIBILITY** **22SEP05 13:48**

CASE NO: **Duck, Daisy** CASE NUMBER: MONTH  
BMS SI: **Will reflect HH size**

EMPLOYMENT INCOME	EDUCATION INCOME	: 0.00
SELF-EMPLOYMENT IN	DEEMED INCOME	: 0.00
TOTAL EARNED	OTHER UNEARNED INCOME	: 0.00
WORK ALLOWANCE	TOTAL UNEARNED	: 0.00
30 + 1/3 DISREGARD	NET INCOME	: 0.00
\$30 DISREGARD	OTHER INCOME DEDUCTION	: 0.00
DEP. CARE DEDUCTI	COUNTABLE INCOME	: 0.00
TOTAL DEDUCTI	POVERTY LEVEL	: 798.00
	MEDICAL EXCESS	: 0.00
	AVAILABLE EXPENSES	: 0.00
	SELECTED EXPENSES	: 0.00
	CASH/USED EXPENSES	: 0.00
	AMOUNT OWED (MEES)	: 0.00

BENEFIT AUTHORIZAT... **PIN**  
ISSUANCE REASON: DE ISSUANCE INDICATOR:  
REVIEW DUE ( DU05  
HOLD REMINDER DATE:  
HOLD REASON:  
**CORRECTION - IS ELIGIBLE, NO CHANGE IN MEDICAL EXCESS.** BUS PASS: PAYEE SETUP REQ: N  
NEXT-->

S1 [Ready (1)] 2041131653 TA1173 13:48:46 Thu Sep 22 NUM 02:48:03 24.07%

This message will display if case meets the NB + Medicaid eligibility requirements.

For NB+ Medicaid, school attendance is not a factor. Once the child turns 18, their income is countable.

Worker's PIN number must be entered to authorize the Medicaid benefit. Review should be set for 12 months or set for the month of the youth's 19<sup>th</sup> birthday.

See **"Opening a Medicaid Case"** in this PACMIS Guide or the **PACMIS Quick Reference** for information about the **NORE** screen. For **CAAL** narration details, see **"PACMIS CAAL Narrations"** section in this PACMIS Guide. To transfer the case to BES or DWS, follow the **"Practice Guidelines for Child Exiting Foster Care"**. After the appropriate notice has been sent and CAAL narration completed, the case should be **"CARC'd"** to the ongoing Medicaid worker.

## Case Record Control

CARC Screen.

CARC CASE RECORD CONTROL 22SEP05 14:16

CASE NAME : Duck, Daisy CASE NUMBER: 00000000

PRIMARY DRO: \_\_\_ - DEPT OF HUMAN SERVICES - MOUNTAINLANDS - PROVO OFFICE  
TEAM: \_\_\_  
CSLD: \_\_\_

ADDITIONAL WORKERS:

CC WORKER	- DRO: ___	TEAM: ___	CSLD: ___	ACTIVE (Y/N): ___
MED WORKER	- DRO: ___	TEAM: ___	CSLD: ___	ACTIVE (Y/N): ___
EMP WORKER	- DRO: ___	TEAM: ___	CSLD: ___	ACTIVE (Y/N): ___
E&T WORKER	- DRO: ___	TEAM: ___	CSLD: ___	ACTIVE (Y/N): ___

FILE LOCATION: \_\_\_ DATE: \_\_\_ BOX NUMBER: \_\_\_

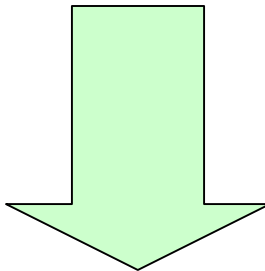
ARCHIVE REGION OFFICE: \_\_\_ ARCHIVE BOX NUMBER: \_\_\_

NEXT--> \_\_\_

ST Ready (1) 204.113.16.53 41173 14:17:06 Thu Sep 22 NUM 03:16:23 07.015

Enter the **DRO** of the agency office where the electronic case is to be sent. **Enter.**

To close or deny an NB case  
use the NBED Screen.



## NB-Eligibility Determination

NBED Screen.

NBED NB - Eligibility Determination 22SEP05 14:26

CASE NAME: **Duck, Daisy** CASE NUMBER: **00000000** MONTH: -

ELIGIBILITY FACTOR HOUSE-HOLD INDIVIDUALS

IN  
Daisy, D

RESIDENCY	PASS	PASS
CITIZENSHIP	PASS	PASS
SOCIAL SECURITY	PASS	PASS
CLIENT AGE	PASS	PASS
TPL CO-OPER	PASS	PASS
RESOURCES	PASS	N/A

INELIGIBILITY DATE :  
DENIAL CLOSURE REASON:  AUTHORIZE:  MORE FACTORS: - MORE CLIENTS: -  
NEXT-->

S1 Ready (1) 204.113.76.53 TA1173 14:26:49 Thu Sep 22 NUM 03:26:06 23,060

Enter Denial Closure Reason.

**EC** - No eligible child      **ZZ** - Miscellaneous  
**AL** - Assets exceed limit      **GI** - Gross income failed  
See **PACMIS Quick Reference** for a complete list of  
denial/closure reasons.

Enter "Y" to  
authorize.



## Removing the Social Security Number from a Foster Care Case

SSDO Screen.

SSDO SSN / DATE OF BIRTH / SEX 17NOV05 10:49

CASE NAME: **Duck, Daisy** CASE NUMBER: **999999999** BENMO: **NOV05**

NAME REL SSN S55 DATE VR DOB UR S P A F B M C U CAAL  
MEDICARE NBR MED ELG IND X G F S D M C I DATE

01 **Daisy, D** PI                       17NOV05 **CS** 18JAN1991 **HC** **M**                                            

MORE CLIENTS:            NEXT-->           

51 Ready [1] 204.113.16.53 TA2706 10:49:24 Thu Nov 17 NUM 00:45:05 08.017

Remove the SSN by placing the cursor under the SSN on the SSDO screen. Hit the spacebar to remove the number.

## Adding the Social Security Number to a SA Medicaid case

SSDO Screen.

SSMFP - BlueZone Mainframe Display

View Macro Script Help

SSDO SSN / DATE OF BIRTH / SEX 17NOV05 10:49

CASE NAME: **Duck, Daisy** CASE NUMBER: 99999999 BENMO: **NOV05**

NAME	REL	SSN	SS5	DATE	UR	DOB	UR	S	P	A	F	B	M	C	U	CAL
01 Daisy, D	PI	000 00 0000				18JAN1991	HC	M								

MORE CLIENTS: \_ NEXT--> \_

S1 Ready [1] 204.113.16.53 TA2706 10:49:24 Thu Nov 17 NUM 00:45:05 08.017

Add SSN on the SSDO screen. Use the appropriate verification code. See **PACMIS Quick Reference** for codes if needed.

Enter the SSN in the current benefit month.

\*\*\*Print a new CAP2 screen for the SA case file.

## PRAP Alerts for Subsidized Adoption Cases Inquiry Menu

INME Screen.

INME INQUIRY MENU 10AUG05 13:49

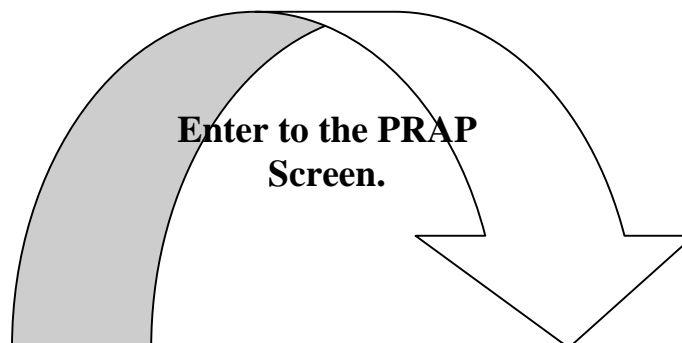
1. PRIOR CONTACT CHECK	12. CHILD CARE BENEFIT HISTORY
2. CASE PROFILE	13. ACTION HISTORY
3. HOUSEHOLD SUMMARY	14. CHILD SUPPORT SUMMARY
4. FINANCIAL ISSUANCE HISTORY	15. NOTICE HISTORY
5. FOOD STAMP ISSUANCE HISTORY	16. WORKER NOTICE HISTORY
6. CHILD CARE ISSUANCE HISTORY	17. INTERFACE INQUIRY
7. SPECIAL PMTS ISSUANCE HISTORY	18. BUY-IN INQUIRY
8. MED EXCESS PAYMENT HISTORY	19. NEW HIRES REGISTRY INQUIRY
9. FINANCIAL BENEFIT HISTORY	20. REVIEW MENU
10. FOOD STAMP BENEFIT HISTORY	21. STATE ONLINE QUERY SYSTEM
11. MEDICAL BENEFIT HISTORY	22. TIME-LIMITED BENEFITS INQUIRY

ENTER FUNCTION (BY NUMBER):  
CASE NUMBER (FOR 2-16): 11111111  
BUDGETING METHOD (FOR 3 ONLY): P  
CLIENT SSN (FOR 17,18,19,21):  
BENEFIT MONTH : AUG05

NEXT--> PRAP

Enter the SA case number.

Enter "PRAP" at the  
"NEXT" prompt.



## Program and Person Alerts

PRAP Screen.

**PRAP** PROGRAM AND PERSON ALERTS 10AUG05 13:46

CASE NAME: CASE NUMBER:

PROGRAM	ALERT	CAAL	ALERT	CAAL	ALERT	CAAL	ALERT	CAAL	ALERT	CAAL
TYPE	TYPE	DATE	TYPE	DATE	TYPE	DATE	TYPE	DATE	TYPE	DATE
SA		SA 20APR04								

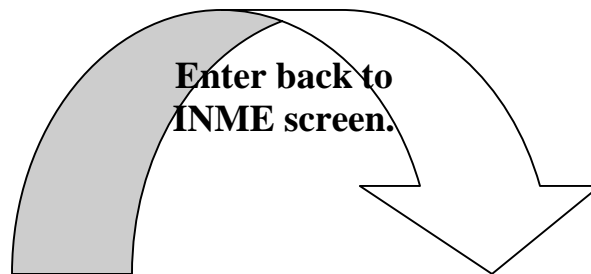
CLIENT	ALERT	CAAL	ALERT	CAAL	ALERT	CAAL	ALERT	CAAL	ALERT	CAAL
NAME	TYPE	DATE	TYPE	DATE	TYPE	DATE	TYPE	DATE	TYPE	DATE
	SA	20APR04								

NEXT--> \_\_\_\_\_

At the bottom of the window, a status bar shows: S1, Ready, 204.113.16.53, TA2057, 13:47:34 Wed Aug 10, NUM, 00:18:16, 07, 011.

The “SA” PRAP Alert may be used as a Program Type or Client Name Type.

Enter “SA” as the Alert. Type “SA” and the CAAL date.



Enter back to INME screen.

From the INME screen enter **CAAL** at the “NEXT” Prompt.

Enter to the CAAL screen.

## Case Action Log

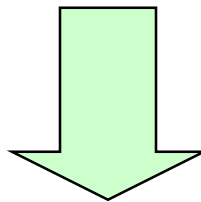
CAAL Screen.



```
S1 - ws - Mainframe Display WSMFP - BlueZone Mainframe Display
File Edit Session Options Transfer View Macro Script Help
* INFO * PRESS ENTER TO DISPLAY MORE REC OR PF7 TO DISPLAY PREV REC
CAAL CASE ACTION LOG 10AUG05 14:17
CASE NUMBER: CASE NAME: WORKER:
ACTION DATE WORKER NAME DEPT/REG/OFF
"A" 13JAN05
- ***SA MEDICAID REVIEW***
SPECIAL NEEDS CHILD ELIGIBLE FOR SA MEDICAID AS PART OF HIS ADOPTION
20APR04
- ***SA MEDICAID APPLICATION***
SPECIAL NEEDS CHILD ELIGIBLE FOR SA MEDICAID AS PART OF HIS ADOPTION
01FEB02
- RECEIVED REVIEW PAPERS FROM PARENTS. REVIEW WAS LATE AND CASE AUTO
CLOSED. KAMEN IS SPECIAL NEEDS CHILD WHO IS ELIGIBLE FOR SA MEDICAID
13DEC00
- RECEIVED REVIEW PAPERS FROM PARENTS. KAMEN IS A SPECIAL NEEDS CHILD
BECAUSE HE WAS ADOPTED AS PART OF A SIBLING GROUP. CASE IS IV-E
12JAN00
- RECEIVED NEW TPL FROM PARENTS. ENTERED OASIS REFERRAL.
SEARCH DATE NEXT
```

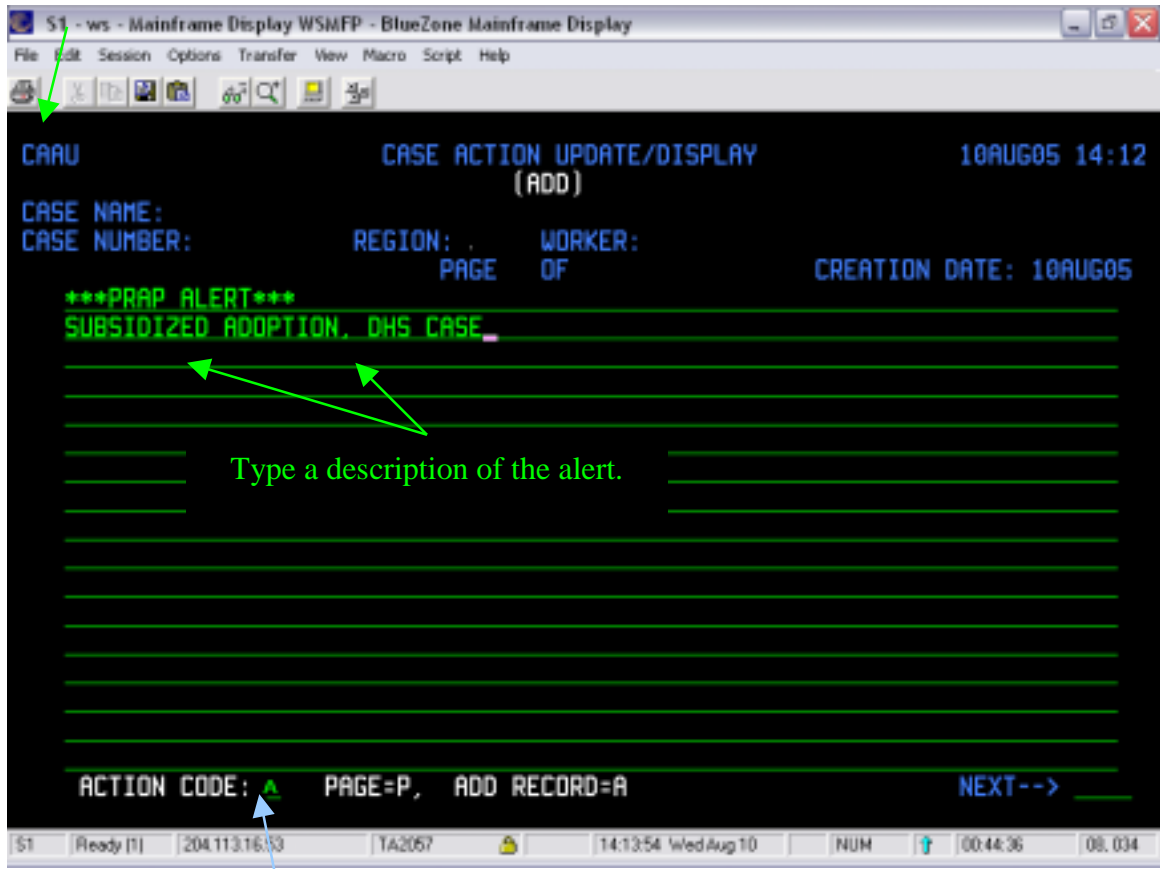
Type "A" at the prompt to add a log.

**Case Action Update Display.**  
New case logs are added on this screen.



## Case Action Update Display

CAAU Screen



S1 - ws - Mainframe Display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

CARU CASE ACTION UPDATE/DISPLAY 10AUG05 14:12  
(ADD)

CASE NAME:  
CASE NUMBER: REGION: WORKER:  
PAGE OF CREATION DATE: 10AUG05

\*\*\*PRAP ALERT\*\*\*  
SUBSIDIZED ADOPTION, DHS CASE

Type a description of the alert.

ACTION CODE: A PAGE=P, ADD RECORD=A NEXT-->

S1 Ready (1) 204.113.16.13 TA2057 14:13:54 Wed Aug 10 NUM 00:44:36 08.034

Type "A" to add the log.

Enter  
Back to the  
INME Screen.

# PACMIS CODES

1/05

**Program Codes (CAP 2)**

**Program Status Codes (CAP 2)**

**Document Status Codes (Issuance Screens)**

**Denial and Closure Codes (CAP 2)**

*PRAP Alerts*



**PROGRAM TYPE CODES (CAP2)**

System Table: Program Type

<u>PROGRAM</u>	<u>DESCRIPTION</u>
AF	Family Employment Program (FEP)
AFWP	Family Employment Program-Two Parent Program
AM	Aged Medicaid
AW	Aging Waiver Medicaid
BM	Blind Medicaid
CC	Child Care
CI	Children Health Insurance Program (CHIP)
CM	Medically Needy Child
DD	Disabled Waiver Medicaid
DM	Disabled Medicaid
ER	Emergency Reimbursement
FC	Foster Care
FM	Family Medicaid And 1931 Medicaid
FMTF	Family - Two Parent Medicaid
FM4M	4 Month Medical (Increase in Child Support)
FM12	12 Month And 1931 Transitional FM
FS	Food Stamp
GF	General Assistance
GFWP	Working Towards Employment Program
NB	Newborn
NH	Nursing Home
PC	Primary Care Network
PG	Pregnant-Needy Medical
PG2M	2 Month Extension for PG
PN	Pre-Natal Medical
QM	QMB/SLMB-Qualified Medicare Beneficiary
RF	Refugee-Financial
RM	Refugee-Medical
RM4M	Refugee 4 Month Medical (CS)
SA	Subsidized Adoption

## PROGRAM STATUS CODES

### PROGRAM STATUS CODES

CL	Closed	Program is no longer active.
DE	Denied	The program did not pass the eligibility test at the time of application.
OP	Open	The program passed the eligibility tests at the time of application.
PE	Pended	Some items are missing from the case. You cannot authorize benefits.
RD	Review Denied	The program did not pass the eligibility determination during the month of review.
RE	Received	An application has been filed for the program
RV	Review Received	The review has been received; no decision has been made.
SU	Suspended	The program will remain open, but not receive benefits.

## DOCUMENT STATUS CODES

### DOCUMENT STATUS CODES

EB	Electronic Benefit	Benefit issued daily or monthly.
EE	Emergency Electronic Benefit	<b>USED ONLY IN EMERGENCIES.</b>
EX	Expired (AF)	Out-dated warrant; can no longer be redeemed.
FR	Fully Replace	Replaced by another issuance of the same value. The REASON will be LO (lost), ST (stolen) or DE (destroyed) for a financial benefit.
IS	Issued	Benefit has been issued to the customer.
OF	Office Of Finance	Payment has been authorized in PACMIS and sent to FINET. Check has not been issued yet.
OS	Outstanding	The check or warrant has been issued but not yet redeemed.
PE	Medical Spenddown Paid	The MAO spenddown has been paid.(MAO)
RT	Returned	The check was returned in the mail. Reason will be UD (undeliverable).
RD	Redeemed	The check or warrant has been redeemed.
RM	Remail	For financial benefits, this indicates that the worker has remailed the returned check. The previous STATUS must have been RETURNED.
RR	Replaced/Redeemed Or Redeemed/Replaced	Original benefit has been redeemed and then replaced or it has been replaced and then redeemed.
SP	Stop Payment	For checks, which have been issued, and have been reported missing. The REASON will be LO (lost), ST (stolen) or DE (destroyed).
VO	Voided	A check has been returned and has been canceled. The REASON will be OP (overpayment), CL (closed case or OT (other).

## DENIAL/CLOSURE CODES

### DENIAL / CLOSURE CODES

**EXPLANATION**      **F=FINANCIAL**  
**M=MEDICAL**  
**S=FOOD STAMPS**  
**C=CHILD CARE**

System Table: Denial/Closure Reason Code

AB	Able Bodied Adult's - Months Met	S
AD	Did Not Complete Application Process	FMSC
AG	Did Not Meet Age Requirements	MC
AL	Assets Exceed Limits	FMSC
A3	Able Bodied Food Stamp Extension Exhausted	S
BD	Incapacity - Not Blind Or Disabled	FM
CA	CHIP/PCN - Has Access To Insurance	M
CH	Child Not Deprived Of Parental Support	FM
CI	CHIP/PCN - Has Other Insurance	M
CL	Change In Law Or Policy	FMSC
CN	CHIP/PCN - Insurance Sanction	M
CP	CHIP/PCN - Failed to pay premium/enrollment	M
CS	Increased Child Support	F
CS	1931 FM Close – Increased Child Support	M
CT	Failed Citizen Requirements	FMSC
DC	Diversion Denial - Child Support	F
DF	Disqualified For Fraud	FSC
DH	Death (Enter Effective Date)	FMSC
DO	Diversion Denial - Other	F
DS	Diversion Denial, Self Supporting In 2 Months	F
DW	District Diversion – Withdrew Application	F
DX	Discontinue Extension – Not Eligible	F
EC	No Eligible Child	FMC
ED	Education Time Limits Expired	C
EH	Employed Less Than Minimum Hours	C
EL	Employment Extension Lifetime Limit	F
EM	Medicaid Emergency Service - Alien	M
ES	WTE & FEP/TP - Used up 7 Months in Year	F
ET	Transitional Benefits Expired	MC

## DENIAL/CLOSURE CODES

FA	EWP Financial Assistance Closure - Other Reason	FM
FC	FC/SA Household Moved Out Of State	M
FE	Failed Earnings (Transitional Only)	M
FF	Fleeing Felon	FMS
FN	4 Month Medical Eligibility Expired	M
FO	Closure – Open FMOO Program	FM
FS	Support Received 4 Month Medical	FM
GI	Gross Income Exceeds Limits	FMS
IA	Ineligible Alien Household	C
IF	Increased Earnings (4 Month)	F
IN	Income Adjustment More Than Payment Amount	C
IS	Ineligible Student	SC
IV	Information Not Given/Verified	FMSC
LA	Living Arrangements	SC
LP	Change In Law Or Policy For GA	F
LP	No Legal Provider	C
LR	Child Not Legal Relative	FC
LS	Lump Sum	FMSC
MA	Marriage	FM
MH	Man In Home Is Father	FM
MI	More Income Than Issuance Level	FS
MR	Monthly Report Not Made	FS
MV	Moved Out Of State	FMSC
NA	No Medicare Part A (QMB)	M
NC	Non US Citizen	FMS
ND	Not Disabled Or Blind	M
NE	Not Legally Emancipated	FM
NH	Medical Changed To NH/Institution	M
NI	Net Income Exceeds Limits	FMSC
NP	Not Participating In Employment Planning	FSC
NR	Not A Utah Resident	FMSC
NS	No CC Services Needed	C
OR	CC - Non Cooperation With ORS	C
OS	On Strike	FMS
OV	More Overpayments Than Allowed	C



**DENIAL/CLOSURE CODES**

PA	Prenatal Asset Requirement Not Met	M
PE	WEAT Performance	F
PG	Not Third (3rd) Trimester	F
PI	Public Institution	FMSC
PR	Provider Not Certified	C
PX	Non-Participation – Extension End	F
QC	Non Cooperation With QC	S
QR	No Quarterly Report (Transitional Only)	M
RC	Requested By Customer	FMSC
RH	Rehab/Employment Requirements (GF)	F
RN	Re-Establishment Not Completed	C
RP	Refugee In U.S. 8 Months	FM
RS	Receiving In Another State	FMSC
RV	Review Not Completed	FMSC
RX	Transitional Closure Of Extension	F
SC	ORS Child Support Case Closed	C
SL	Did Not Spenddown To Income Limit	M
SN	Income - No Deductions	F
SP	Reconciliation With Spouse	FM
SR	Sponsor Resources	FMS
SV	Sponsor Verification	FMS
TA	Transfer Of Assets	M
TE	Teen Parent Living Arrangement	F
TI	Teen - Deemed Parent's Income Too High	F
TL	Financial Assistance Time Limit Expired	FC
TM	Closure Of PG Medical (2 Month Medical)	M
TN	2 Months Extended Medical Expired	M
TO	NB Medical - Child Is Too Old	M
TR	Transitional Medical	FM
TW	WTE Lifetime Limit	F
TX	Training/Education Completed – Extension End	F
UE	Not Unemployable	F
UF	TANF Needy Family Unemployed	FM
UL	Unable To Locate	FMSC
UM	UMAP Discontinued	M
VG	Income Verification Not Given, Med Auto Closure	M
VQ	Voluntary Quit	S

## **DENIAL/CLOSURE CODES**

WA	Withdrew Application	FMSC
WJ	Work/Job Search Requirements	FS
WM	Failed To Verify Wage Match Information	FMS
WP	Work Program Closure	FM
WR	Did Not Meet Work Requirements	S
WW	Willful Withholding	FMSC
XF	Excess Payments From SSI, UC, Etc.	FM
XS	Approved on other case/program	MSC
ZZ	Miscellaneous Closure	FMSC

**PRAP ALERTS****PERSON/PROGRAM ALERTS (PRAP)**

PRAP alert codes will appear on CAP2 and CLPR screens and will highlight the Person or Program line that applies to the alert.

System Table: Alert Codes

Explanation:

	<b>Program</b>	<b>Program Alert Only</b>
	<b>Person</b>	<b>Person Alert Only</b>
	<b>Both</b>	<b>Can Be Used As A Program Or Person Alert</b>
\$\$	Outstanding Claim/Overpayment	Both
??	See Case Notes	Both
AB	Used 3 ABAWD Months	Person
AL	Assets Close to Limit	Both
AO	Agency Overpayment	Both
AP	Adverse Physical Reaction To Stress	Person
AU	AUCH Outreach	Program
A2	ABAWD 2 Month Extension Used	Person
A3	ABAWD Extensions Used	Program
CA	Caution	Person
CC	Child Care Management Associates	Program
CI	CHIP Sanction	Both
CN	National Tongan American society	Program
CW	Indian Walk-In Center	Program
DT	Disqualified-Transfer Of Resources	Both
FA	FACT Customer	Person
FF	Fleeing Felon	Both
FH	Fair Hearing – Continued Benefits	Program
GC	Good Cause – Child Support Cooperation	Both
HB	Home Bound – Needs Home Visit	Both
IA	Illegal Alien	Person
K1	Child Lost SSI – Disability Change	Person

LD	Lifetime Disqualification	Both
LE	Limited English	Both
MA	Multiple Alerts - See PRAP CAAL	Both
ML	Medical Lock-In	Person
NA	Non Eligible Alien	Person
NB	Bear River Head Start	Program
NC	Non Cooperation With ORS	Both
NF	Family Connection Center	Program
NL	Lincoln Center Boys & Girls Club	Program
NN	NN TANF Case	Both
NO	Ogden Area Community Action Agency	Program
NP	Non Participation (FEP)	Person
NS	Child Not In School	Person
NY	Your Community Connection	Program
OR	ORS Sanction	Both
PS	Permanent Fraud Sanction	Person
QC	Failed To Cooperate with QC FS Review	Program
RN	Re-Establishment Not Completed	Both
RW	Robert Wood Johnson Fund Outreach	Program
SH	Special Hearing Need - TTY Phone/Sign	Person
SM	Mountainlands Head Start	Program
SO	Mountainlands Community Health Center	Program
ST	Student - Higher Education	Person
SW	Wayne County Health Centers	Program
TL	TPL Sanction	Person
UN	Under Investigation	Both
VQ	Voluntary Quit	Both
XM	Check Loss - Office Issue	Both
1D	First Disqualification – 12 Months	Both
2D	Second Disqualification – 24 Months	Both
1P	GF Non Participation - 1st Occurrence	Both
2P	GF Non Participation - 2nd Occurrence	Both
3P	GF Non Participation - 3rd Occurrence	Both
1R	First FS Sanction – Reduced Work Hours	Person
2R	Second FS Sanction – Reduced Work Hours	Person
3R	Third FS Sanction – Reduced Work Hours	Person
1S	1 <sup>st</sup> Fraud Sanction - 12 Months	Person
2S	2 <sup>nd</sup> Fraud Sanction - 24 Months	Person
1V	First FS Sanction – Voluntary Quit	Person
2V	Second FS Sanction – Voluntary Quit	Person

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3V	Third FS Sanction – Voluntary Quit	Person
1W	1st FS Sanction – Non Compliance W/ Work Requirements	Person
2W	2nd FS Sanction – Non Compliance W/ Work Requirements	Person
4M	4 Month Extended Medical	Program
10	Ten Year Food Stamp Disqualification	Both
19	1931 FM	Program
24	Child Care Training/Education Limit	Both
36	Has Received 36 Months of TANF	Person

## Instructions for Identification/Citizenship Coding

On October 16, 2006, there will be a new field on the **ETRC** screen. The field is between the citizenship & residency fields. It is the **I/C field**. The field will allow workers to document on PACMIS that individuals receiving Medicaid benefits have met the Identification and Citizenship requirements put into law on 7/1/06. Listed below are the codes that will be used in this field and a description of what they mean and when to use them.

REMINDER: This law only applies to individuals receiving Medicaid benefits on or after 7/1/06. Household members not receiving Medicaid benefits should not be asked to provide this verification.

### Identification/Citizenship Codes:

**EX** - Exempt. This code indicates the client receives SSI, is in a SSI protected group or has Medicare. They are not required to provide ID or Citizenship documentation.

**L1** – indicates requirement met with a Level 1 document. **This code is only used when** the individual provided a U.S. Passport, Certificate of Naturalization, or Certificate of Citizenship. See Policy Table IV, Chart One.

**L2** – indicates requirement met with Level 2-5 documents. This code is used when client has provided both ID documentation and Citizenship documentation as described in Policy Table IV, Charts 2-5.

NOTE: This code is also used for Qualifying Aliens. Their INS documentation meets the Citizenship documentation requirement. They must provide ID documentation as described in Policy Table IV, Chart 5.

**GF** – Good Faith. This code may only be used for clients who had their first review since 7/1/06 and met all other verification and eligibility requirements to have their Medicaid benefits continued, but need additional time to provide ID and or Citizenship documentation. This will cause the client to receive a continuation of benefits while ID and Citizenship documentation is being obtained. (The worker must manually control for when the actual documents will be required.)

NOTE: Medicaid applicants are not allowed this status. ID and Citizenship documentation must be obtained **BEFORE** benefits are issued.

**NR** – Next Review. This code allows the worker to pass through ETRC and not fail eligibility for the client until the next review. **PACMIS will populate the I/C field with this code for Medicaid recipients when it is put into production.**

**1Y** – One Year. Newborns whose mothers are covered under full Medicaid benefits do not have to meet the Identity/Citizenship requirement until their first birthday. Workers should enter this code **ONLY** if verifications have not been provided for these newborns.

NOTE: Newborns whose mothers were only eligible for emergency Medicaid or newborns whose mothers were not eligible for any type of Medicaid **MUST** meet the Identity/Citizenship requirement to be eligible for assistance.

**NP** – Not Provided. When Identity/Citizenship has not been verified. (NOTE: This is the only code which fails the eligibility requirement.) Individuals for whom this code is posted will be denied or closed on Medicaid.

**AO** – Agency Override. This code is actually not available yet. It was created with the anticipation that eventually CMS will establish criteria under which individuals can still receive Medicaid when there is no possible way for them to provide required ID and citizenship documentation. **Use of this code will be restricted to specific policy specialist.** We will let you know if or when policy is put into place that would allow us this option.

## Identity/Citizenship Field

ETAC ETHNIC / RESIDENCY / CITIZENSHIP / IDENTITY / SCHOOL 09NOV06 07:55

CASE NAME: CASE NUMBER: MONTH NOV06

ID: Y VR: HC HH LANGUAGE CODE: EN TPL: Y DATE: 19NOV05

I/ SCH SCH FS DTH BUS CARL

NAME REL ETH --RACE GROUP-- CIT VR C RES VR CODE ST EX VR INS ATT DATE

01 CHANE A PI N WH -- -- -- -- US HC NR RE MC -- ET -- MC N --

MORE CLIENT: NEXT-->

Add the appropriate PACMIS code to the I/C field according to the instructions on page 150. For cases open prior to the I/C field creation, PACMIS will auto fill the field with NR.